

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 25 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000063790

1. Corporation Name

SKYSIGNAL TELECOMMUNICATION NETWORK INC.

Principal Place of Business

Mailing Address

1401 BRICKELL AVE.
SUITE 565
MIAMI FL 33134

1401 BRICKELL AVE.
SUITE 565
MIAMI FL 33134

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 2000

2. New Principal Office Address, If Applicable

770 CLAUGHTON ISLAND DR

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

SUITE 1608

Suite, Apt. #, etc.

City & State

BRICKELL KEY FL

City & State

Zip

33131

Country

DADE

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/23/1997

5. FEI Number

65-0769197

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
RED	GOMEZ, EDGAR	1401 BRICKELL AVE., #565	MIAMI FL 33134
PTD VSE	ANGULO, PAOLA	1401 BRICKELL AVE., #565 SANC	MIAMI FL 33131

8. Name and Address of Current Registered Agent

GOMEZ, EDGAR
1401 BRICKELL AVE.
SUITE 565
MIAMI FL 33134

9. Name and Address of New Registered Agent

Name

PAOLA ANGULO

Street Address (P.O. Box Number is Not Acceptable)

770 CLAUGHTON ISLAND DRIVE

Suite, Apt. #, Etc.

SUITE 1608

City

BRICKELL KEY

State

FL

Zip Code

33131

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

10/23/00

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/00

Daytime Phone #