

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

OMNI SATELLITES, INC.

Principal Place of Business

Mailing Address

13520 SW 178 STREET
MIAMI, FL 33177

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

2. New Principal Office Address, If Applicable

13520 SW 178 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33177

Country

3. New Mailing Address, If Applicable

13520 SW 178 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33177

Country

4. Date Incorporated or Qualified To Do Business in Florida

03/04/1998

5. FEI Number

65-0816021

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT

2000

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	ANGEL MARTELL	13520 SW 178 ST	MIAMI, FL 33177
VP/	TAMARA MARTELL	13520 SW 178 ST	MIAMI, FL 33177
			LS
			800003463768-8
			11/15/00-01025-009
			****758.75 ****758.75

8. Name and Address of Current Registered Agent

TAMARA MARTELL
13520 SW 178 ST
MIAMI, FL 33177

9. Name and Address of New Registered Agent

Name TAMARA MARTELL
Street Address (P.O. Box Number is Not Acceptable) 13520 SW 178 Street
Suite, Apt. #, Etc.
City MIAMI State FL Zip Code 33177

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

Tamara Martell

REGISTERED AGENT MUST SIGN

Date

11-1-00

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Tamara Martell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-1-00