

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000061512

1. Corporation Name

SATS TECHNOLOGY SUPPORT SERVICES, INC.

Principal Place of Business

Mailing Address

7560 COMMERCE CT 1243 TALLEYHAST RD
SARASOTA FL 34243 SARASOTA FL 34243

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

1243 TALLEYHAST RD
Suite, Apt. #, etc.

1243 TALLEYHAST RD
Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Sarasota FL

Zip

34243

Country

Zip

34243

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/13/1998

5. FEI Number

65-0849777

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$9.75 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
D	GASHI, LARRY A	8486 N LOCKWOOD RIDGE RD STE 203	SARASOTA FL 34243
			300004036963--6 -04/20/01--01131--009 *****8.75 *****8.75
			300004036963--6 -04/20/01--01131--010 *****900.00 *****900.00

8. Name and Address of Current Registered Agent

GASHI, LARRY
7560 COMMERCE CT
SARASOTA FL 34243

9. Name and Address of New Registered Agent

Name LARRY GASHI
Street Address (P.O. Box Number is Not Acceptable)
8486 N. Lockwood Ridge Rd, Suite 203
Suite, Apt. #, Etc. Ste 203
City SARASOTA
State FL Zip Code 34243

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]
REGISTERED AGENT MUST SIGN

Date

4/11/01

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01

Date

941-360-0422

Daytime Phone #

CR2E040 (8/00)