

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 99 NOV -5 PM 5:04
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 700003046937--6
 -11/17/99--01017--028
 ****200.00 ****200.00

DOCUMENT # **P98000083802**

1. Corporation Name
USA SAT, INC.

Principal Place of Business Mailing Address
 7512 DR. PHILLIPS BLVD., SUITE 50 - 180 7512 DR. PHILLIPS BLVD., SUITE 50 - 180
 ORLANDO FL 32819 ORLANDO FL 32819

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

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
09/28/1998

5. FEI Number
59-3533855

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	PEIXOTO, ANDRE A	1253 WINTER GREEN WAY	WINTER GARDEN FL 34787
DVP	SILVA, ALESSANDRA M	1820 ALOMA AVENUE	WINTER PARK FL 32789

REINSTATEMENT *qqw*

8. Name and Address of Current Registered Agent
PEIXOTO, ANDRE A
1253 WINTER GREEN WAY
WINTER GARDEN FL 34787

9. Name and Address of New Registered Agent
 Name
PEIXOTO, ANDRE A.
 Street Address (P.O. Box Number is Not Acceptable)
5273 BROOK CT
 Suite, Apt. #, Etc.
 City
ORLANDO State **FL** Zip Code **32811**

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]* Date **10/27/99**
 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]* **ANDRE A. PEIXOTO** Date **10/27/99** (407) 648-5549
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/99)