

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 DEC 18 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **D98000098845**

1. Corporation Name **A & M Satellite System Corp.**

2. Principal Office Address

8319 NW 66 St

Suite, Apt. #, etc.

3. Mailing Office Address

630 E 6 St

Suite, Apt. #, etc.

City & State

Miami FL

Zip Country

33166 USA

City & State

Hialeah FL

Zip Country

33010 USA

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******750.00 ****750.00**

4. Date Incorporated or Qualified
To Do Business in Florida

Nov. 24, 1998

5. FEI Number

65-0892517

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Alexis Martinez

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

630 E 6 St.

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33010

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Date **12-12-00**

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Alexis Martinez	630 E 6 St	Hialeah FL 33010

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-12-00 (305) 219-9981

Date

Daytime Phone #