

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000044144

1. Entity Name
THE SATELLITE STORE, INC.



Principal Place of Business
~~1120 ROYAL PALM BCH BLVD~~
~~ROYAL PALM BEACH, FL 33411~~

Mailing Address
~~1120 ROYAL PALM BCH BLVD~~
~~ROYAL PALM BEACH, FL 33411~~

2. Principal Place of Business
14585 Southern Blvd.
Suite, Apt. #, etc.

3. Mailing Address
14585 Southern Blvd.
Suite, Apt. #, etc.

City & State
Loxahatchee, FL
Zip
33470
Country
USA

City & State
Loxahatchee, FL
Zip
33470
Country
USA

02152005 REIN-P CR2E098 (6/04)

4. FEI Number
65-0920527
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GORDON, BOB
~~1120 ROYAL PALM BCH BLVD~~
~~ROYAL PALM BEACH, FL 33411~~

7. Name and Address of New Registered Agent

Name
Bob Gordon
Street Address (P.O. Box Number is Not Acceptable)
14585 Southern Blvd.
City
Loxahatchee FL Zip Code
33470

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Bob Gordon, Bob Gordon, President 2/15/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
D GORDON, BOB ☐ Delete
STREET ADDRESS
1120 ROYAL PALM BCH BLVD
CITY-ST-ZIP
ROYAL PALM BEACH, FL 33411

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D/P Bob Gordon ☒ Change ☐ Addition
STREET ADDRESS
14585 Southern Blvd.
CITY-ST-ZIP
Loxahatchee, FL 33470

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bob Gordon, Bob Gordon, President 2/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #