• Cabrannel
CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

\ / DIVISION OF CORPORATIONS

DOCUMENT # \$ 99000044836

SATELLITE DATA CORPORATION

FILED

01 MAR -6 PM 2: 37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principa	I Office Address	Address 3. Mailing Office Address Attn Linda Ostashev Gonza		Gonzalez	
1571	1571 NE 176 Street 1571 NE 176 Street		<u> </u>		
Suite, Apt. #, etc. City & State N. Miami Beach-Florida		Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 05/14/99 5. FEI Number — Applied For— Not Applicable	
		City & State -N Miami B	each Florida		
Zip	Country	Zip	Country	6. \$8.75 Additional Fee required	
33162 USA		33162	USA	CERTIFICATE OF STATUS DESIRED for a Certificate of Status	
2		7. Name	and Address of Current I	Registered Agent	
	Name Linda S. Ost	ashev Gonzalez	-		
Street Address (P.O. Box Number is Not Acceptable) 1571 NE 176 Street Suite, Apt. #, Etc.					
	Suite, Apt. #, Etc.	W. I. C.			
	City	_		State Zip Code	
	N Miami Roa	ah		FI 22160	

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 THOUND JOURNALLY
REGISTERED AGENT MUST SIG

Date 1/02/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)							
Titles کی	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip				
Presid	ent Steven E. Comstock	1571 NE 176 Street	N. Miami Beach FL 33162				
		6	99 qananaqa mo				
		60	000038278267 -03/09/0101035001 ****900.00 ****800.00				

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.

Steven E. Comstock, Preside

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/22/01

305-279-9011

Daytime Phone #

CR2F081 (9/0