

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 11 AM 9:02

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P99000058108**

1. Corporation Name

SATELLITE CITY INC

REINSTATEMENT 04-06

CR2E081 (12/05)

2. Principal Office Address

5458 HOFFNER AVE ~~ORLANDO~~

3. Mailing Office Address

5458 HOFFNER AVE

Suite, Apt. #, etc.

304

Suite, Apt. #, etc.

304

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32812

Country

ORANGE

Zip

32812

Country

ORANGE

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3586363

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

MARIL IRONS

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

5306 CRANE HILL CT

Suite, Apt. #, Etc.

City

ST. CLOUD

State

FL

Zip Code

34771

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

[Signature]

Date **7-6-06**

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
MES	MARIL IRONS	5306 CRANE HILL CT	ST. CLOUD, FL 34771
VP.	DEBBIE IRONS	5306 CRANE HILL CT	ST. CLOUD, FL 34771
			200077725822
			07/19/06--01045--005 **450.00

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 contained in Chapter 119, 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

7-6-06

Date

407948-2691

Daytime Phone #