PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 95-96 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
96 NOV 14 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V37575

1. Corporation Name
SKYLINK SATELITE TVRO SERVICES, INC.

Principal Place of Business	Mailing Address
~~9100 S.W. 150 AVENUE~~	~~9100 S.W. 150 AVENUE~~
~~SUITE 101~~	~~SUITE 101~~
~~MIAMI FL 33196~~	~~MIAMI FL 33196~~
~~US~~	~~US~~

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
11140 SW 196 St	P.O. Box 832303
Suite, Apt. #, etc. C 401	Suite, Apt. #, etc.
City & State Miami FL	City & State Miami FL
Zip 33157 Country USA	Zip 33283 Country US

4. Date Incorporated or Qualified To Do Business in Florida 05/20/1992

5. FEI Number 65-0258446 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	BARRETT, VINCENT	~~9100 S.W. 150 AVENUE~~ 11140 SW 196 St #C401	MIAMI FL 33157

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-11/19/96--01140--012
****575.00 ****575.00

REINSTATEMENT 1996 A. Alan 11-14-96

8. Name and Address of Current Registered Agent

NNAMDIE, OKU J.
99 N.W. 183RD STREET
SUITE 128
MIAMI FL 33169

9. Name and Address of New Registered Agent

Name: BARRETT, VINCENT
Street Address (P.O. Box Number is Not Acceptable): 11140 SW 196 St
Suite, Apt. #, Etc.: C 401
City: Miami State: FL Zip Code: 33157

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: Vincent Barrett SIGNATURE REQUIRED Date: 11/12/96
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Vincent Barrett SIGNATURE REQUIRED 11/12/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (1/96)