

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

1996 DEC 23 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M83754**

1 Corporation Name
CABLE POWER, INC.

| | |
|--|--|
| Principal Place of Business % JOHN P. YANAS 624 XAVIER AVENUE MELBOURNE FL 32901 | Mailing Address % JOHN P. YANAS 624 XAVIER AVENUE MELBOURNE FL 32901 |
|--|--|



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

| | | | | | |
|--|---------|--|---------|--|--|
| 2. New Principal Office Address, If Applicable | | 3. New Mailing Office Address, If Applicable | | 4. Date Incorporated or Qualified To Do Business in Florida 06/02/1988 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. FEI Number 59-2895619 | |
| City & State | | City & State | | Applied For <input type="checkbox"/> Not Applicable | |
| Zip | Country | Zip | Country | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | |

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 |
|------------|-------------------------------------|---|--|
| DP | YANAS, JOHN P. | 624 XAVIER AVENUE | MELBOURNE FL |
| DST | YANAS, STEPHANIE R. | 624 XAVIER AVENUE | MELBOURNE FL |
| C | BRILLANTE, ROBERT J. | 3992 BOBBIN BROOK CIRCLE | TALLAHASSEE FL 100002039321--0 -12/27/96--01059--007 ***375.00 ***375.00 |
| | | | |
| | | | |
| | | | |

REINSTATEMENT *already paid*

| | | | |
|---|--|--|-----------------------------|
| 8. Name and Address of Current Registered Agent YANAS, JOHN P. 624 XAVIER AVENUE MELBOURNE FL 32901 | | 9. Name and Address of New Registered Agent | |
| | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | Suite, Apt. #, Etc. | |
| | | City | State Zip Code FL |

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 *[Signature]* **REQUIRED** Date **9/17/96**
REGISTERED AGENT MUST SIGN

11. 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.)

12. 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]* **REQUIRED** Date **9/17/96** Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/96)