

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB -3 PM 1:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000038990

1. Corporation Name

CABLECOM SERVICES, INC.

Principal Place of Business

Mailing Address

4511 SW 134TH CT
MIAMI FL 33175

4511 SW 134TH CT
MIAMI FL 33175

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

04/18/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1103322

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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	4 City / State / Zip
PD	BEOTO, GUILLERMO	4511 SW 134 th Ct.	MIAMI FL 33175
			000028315920 02/06/04--01011--002 **150.00
			000028315920 02/06/04--01011--003 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BEOTO, GUILLERMO
4511 SW 134TH CT
MIAMI FL 33175

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Guillermo f Beoto
REGISTERED AGENT MUST SIGN

Date

01/23/2004

11. 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:

Guillermo f Beoto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305 970-2567
305 302 7500

CR2E040 (7/03)

Miami, FL, January 23, 2004

FLORIDA DEPARTMENT OF STATE
Division of Corporations
Annual Report/Reinstatement Section
Attn: Ms. Katrina
409 East Gaines St.
Tallahassee, FL 32399

Ref: CABLECOM SERVICES, INC., Doc. No.: P00000038990

Dear Sirs,

This is to inform you that CABLECOM SERVICES, INC. did not file its 2003 Uniform Business Report on time, since the 2003 UBR Packages sent by you were not received by mail so it could be filed on time. It only received the Application for Reinstatement Package.

Therefore, we would like to request, if applicable, to waive the \$600.00 reinstatement fee imposed to this company, since the late filing was beyond their control and it has never been late regarding this responsibility. Moreover, since this company has to be up-to-date with the Annual Report for the year 2004, we are sending the payment for \$300.00 corresponding to the Annual Report fees of 2003 and 2004 along with the Application for Reinstatement

Should you have further questions, please contact us at 305-262-2323. We apologize for any inconvenience this may have caused.

Thank you very much for your cooperation.

Sincerely,


XIOMARA LEE, P.A.