

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; font-weight: bold; margin-bottom: 10px;">97 MAR 17 PM 12:15</div> <div style="font-size: 0.8em; font-weight: bold;">SECRETARY OF STATE TALLAHASSEE FLORIDA</div>	
DOCUMENT # P39777					
1 Corporation Name <div style="text-align: center; font-weight: bold;">ALDA Multichannels Ltd., Inc.</div>					
<div style="display: flex; justify-content: space-between;"> Principal Place of Business Mailing Address </div> <div style="text-align: center; padding: 10px;"> 110 North Beach Road Hobe Sound, FL 33455 </div>					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2 New Principal Office Address, If Applicable <div style="text-align: center; font-weight: bold;">N/A</div>		3 New Mailing Address, If Applicable <div style="text-align: center; font-weight: bold;">N/A</div>		4 Date Incorporated or Qualified To Do Business in Florida <div style="text-align: center; font-weight: bold;">7-24-92</div>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		5 FEI Number <div style="text-align: center; font-weight: bold;">65-0064306</div>	
City & State 		City & State 		<div style="display: flex; justify-content: space-between;"> Applied For Not Applicable </div>	
Zip 		Zip 		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
Chmn/Dir.	Victor Oristano	110 North Beach Road	Hobe Sound, FL 33455		
Pres/Sec/Dir	Matthew Oristano	68 Old Quarry Road	Woodbridge, CT		
VP/Dir	Mark Oristano	2203 Woodland Oaks	Arlington, TX 70013		
VP/Dir	Michael Oristano	100 Camino Penasco	El Pasco, TX		
Asst Secy	Robert Bragaw	ALDA, Inc. Two Corporate Dr., Ste 249	Shelton, CT 06484		
200002117522--7 -03/19/97--01013--007					
8. Name and Address of Current Registered Agent Florida Lawdock Inc. c/o William Littrell, Esq. Quarles & Brady 515 North Flaglar Drive West Palm Beach, FL 33401			9. Name and Address of New Registered Agent <div style="border: 1px solid black; padding: 5px;"> Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road Suite, Apt. #, Etc. City Plantation State FL Zip Code 33324 </div>		
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. <div style="display: flex; justify-content: space-between;"> <div> Signature of Registered Agent Dwight A. Coote, Asst. Secy. </div> <div> Date March 14, 1997 </div> </div>					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12. 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. <div style="text-align: center; font-weight: bold;">Robert Bragaw, Asst. Secretary</div>					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/ 6 /97 (203)925-7904 Date Daytime Phone #		