

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **840227**

1. Corporation Name

SPECTRAVISION, INC.

FILED

97 OCT 23 PM 12:11

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**1501 North Plano Rd.
Richardson, Texas
75083-0775**

**6331 San Ignacio Ave.
San Jose, CA 95119**

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

6331 San Ignacio Ave.
Suite, Apt. #, etc.

6331 San Ignacio Ave.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

3/16/1978

5. FEI Number

75-1371891

Applied For

Not Applicable

City & State

San Jose, CA

City & State

San Jose, CA

Zip

95119

Country

USA

Zip

95119

Country

USA

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P, D	Bob Kavner	6331 San Ignacio Ave.	San Jose, CA 95119
V, D	Brian Steel	6331 San Ignacio Ave.	San Jose, CA 95119
S	Jill Fishbein	6331 San Ignacio Ave.	San Jose, CA 95119
C	Charles Lyons	One Tabor Center 1200 17th St # 1000	Denver, CO 80202
V	James A. Cronin, III	One Tabor Center 1200 17th St #1000	Denver, CO 80202
V	Paul Milley	6331 San Ignacio Ave.	San Jose, CA 95119

8. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. Pine Island Road
Plantation, FL. 33324**

9. Name and Address of New Registered Agent

Name

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

600002330726--1

Suite, Apt. #, Etc.

-10/27/97-01150--002

City

750.00

State

Zip Code

FL

750.00

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

Naseem A. Conde

NASEEM A. CONDE

Date

10.8.97

REGISTERED AGENT MUST SIGN **SPECIAL ASST. SECRETARY**

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:

Paul Milley, Senior Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10 OCT 23 1997
10/14/97

408-360-4500
Daytime Phone #

CR2E040 (12/96)