

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 26 PM 2:08

DOCUMENT # **840227**

1. Corporation Name

SPECTRAVISION, INC.

Principal Place of Business

Mailing Address

~~6331 SAN IGNACIO AVE.~~
~~SAN JOSE CA 95119~~

~~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
7900 E Union Avenue

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Denver, CO 80237

City & State

Zip
80237

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/16/1978

5. FEI Number

75-1371891

Applied For

Not Applicable

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	KAVNER, BOB Chris Sophinos	6331 SAN IGNACIO AVE. 7900 E Union Avenue	SAN JOSE CA 95119 Denver, CO 80237
VD	STEEL, BRIAN	6331 SAN IGNACIO AVE.	SAN JOSE CA 95119
S D	FISHBEIN, JILL Pamela Strauss	6331 SAN IGNACIO AVE. 7900 E Union Avenue	SAN JOSE CA 95119 Denver, CO 80237
C TD	LYONS, CHARLES William Myers	ONE TABOR CENTER 1200 17TH ST #1 7900 E Union Avenue	DENVER CO 80202 Denver, CO 80237
V	MILLEY, PAUL	6331 SAN IGNACIO AVE.	SAN JOSE CA 95119
V	CRONIN, JAMES A III	ONE TABOR CENTER 1200 17TH ST #1	DENVER CO 80202

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State

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.

Signature of
Registered Agent

Handwritten Signature **SIGNATURE REQUIRED**

Date **10-2-01**

REGISTERED AGENT MUST SIGN

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:

Handwritten Signature **SIGNATURE REQUIRED**

Pamela Strauss/Secretary

Date **10/8/01**

720-873-3309

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/00)