

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 DEC -7 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F03000004041

1. Corporation Name

EUSTIS CABLE ENTERPRISES, LTD INC.

2. Principal Office Address - No P.O. Box #

355 EAST STREET

Suite, Apt. #, etc.

City & State

BROOKFIELD, VT

Zip

05036

Country

USA

3. Mailing Office Address

355 EAST STREET, PO BOX 500

Suite, Apt. #, etc.

City & State

BROOKFIELD, VT

Zip

05036

Country

USA

REINSTATEMENT 06-09

4. Date Incorporated or Qualified
To Do Business in Florida

08/14/2003

5. FEI Number
030349710Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for Certificate of Status

7. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Blanca Lozada, Assistant VP

Date

12/2/2009

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Susan Kay	25 Adelle Rd	Chelsea VT 05038
Vice President	Michael Palmer	PO Box 417	Brookfield VT 05038
Secretary	Cynthia Allen	PO Box 157	Chelsea VT 05038

10. 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 contained in Chapter 119, 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:

Susan Kay

1/23/09

Date

802-276-3565

Daytime Phone #

001218

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Page 2872

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000253950 3)))



H090002539503ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
EUSTIS CABLE ENTERPRISES, LTD INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,200.00

\$600