PLEASE READ A	TRINI I IA	RUCTIONS	BEFORE (	COMPLET	ING THIS FOR		
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STA Sandra B. Mortham Secretary of State		NT OF STATE	Ť			
DIVISION OF CORPORATIONS				98 NOV 30 AH 9: 07			
DOCUMENT: # F9400002681  1. Corporation Name							
US CABLE OF WEARSIDE, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business	ess		-	(C   Mart (C)(C)) (Mart (Mart (Mart))	ur 2018 11212 Olyan (414) (121 /42)		
28 WEST GRAND AVENUE MONTVALE NJ 07645-2100							
If above addresses are incorrect in any way, line through incorrect information and enter correction below.				REINSTATEMENTO			
2. New Principal Office Address, If Applicable 249 KoYAL AYLM WAY	ng Office Address, if Applicable 4. Dat		Date Incorporate     To Do Busin	orated or Qualified ness in Florida	05/23/1994		
Suite, Apt. #, etc. Suite, Apt. Suite, Apt.		i .		5. FEI Number	5. FEI Number Applied For		
City & State  ALM BEACH F L  Zip Country Zip  Zip		Country		6.	22-3081655	Not Applicable	
33480 - 43 33 Country USA			· 	<u> </u>	F OF STATUS DESIRED	for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corpora  Title(s) Name of Officers Str and/or Directors Of 1 2 3 (Do NOT Use			et Address of Each ficer and/or Director Post Office Box Nu		City 4	/ State / Zip	
PD MYERS, STEPHEN E		28 WEST GRAND AVENUE			MONTVALE NJ 0764	5	
VSD ANDERSON, MICHAEL C	SD ANDERSON, MICHAEL C		28 WEST GRAND AVENUE			MONTVALE NJ 07645	
TASD PEARSON, JAMES	28 WEST GRAND AVENUE			MONTVALE NJ 07645			
			2000027021326. -12/03/9801087007				
					****750.0	0 ****750.00	
				:			
8. Name and Address of Current Registered Agent Name				9. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM, INC.			MILHAEL L. ANDERSOM' Street Address (P.O. Box Number is Not Acceptable) 207 COMMO DO KE DRIVE				
410 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301		Suite, Apt. #, Etc.	miny ou re	DAIRE			
			City JUPITER		St	ate Zip Code L 33477	
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 PLACE COURFD  REGISTERED AGENT MUST SIGN  Date 11-20-98							
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.  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 filling 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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #							