

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **F94000002681**

1. Corporation Name

**US CABLE OF WEARSIDE, INC.**

Principal Place of Business

249 ROYAL PALM WAY  
SUITE 301-F  
PALM BEACH FL 33480-4333

Mailing Address

28 WEST GRAND AVENUE  
MONTVALE NJ 07645-2100

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**05/23/1994**

5. FEI Number

**22-3081655**

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	MYERS, STEPHEN E	28 WEST GRAND AVENUE	MONTVALE NJ 07645
VSD	ANDERSON, MICHAEL C	28 WEST GRAND AVENUE	MONTVALE NJ 07645
TASD	PEARSON, JAMES	28 WEST GRAND AVENUE	MONTVALE NJ 07645

300004698293--7  
-11/29/01--01049--005  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

ANDERSON, MICHAEL C  
207 COMMODORE DRIVE  
JUPITER FL 33477

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

**FL**

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

**SIGNATURE REQUIRED**  
MICHAEL C. ANDERSON

Date

**10/15/01**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE REQUIRED**  
MICHAEL C. ANDERSON

Date

**10/15/01**

Daytime Phone #

**201930 7000**

**R. VARNADORE NOV 28 2001**

**FILED**  
**01 NOV -5 PM 12:14**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT**

**01**

CR2E040 (8/01)