

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**VOID**  
06 NOV 27 11 02 02

**DOCUMENT # K13492**

**1. Corporation Name**

**CABLEVISION OF INDIAN RIVER, INC.**

Reinstated in error, see letter attached to  
11-27-06 reinstatement for #M80855.  
SPT 1-24-07.

**2. Principal Office Address**

**2922 Cardinal Drive**

**3. Mailing Office Address**

**2922 Cardinal Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**Vero Beach, FL**

**City & State**

**Vero Beach, FL**

**Zip**

**32963**

**Country**

**USA**

**Zip**

**32963**

**Country**

**USA**

**REINSTATEMENT**

CR2E081 (12/05)

1989 2006

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**02/01/1988**

**5. EEL Number**

**59-2870556**

**Applied For**

**Not Applicable**

**6. CERTIFICATE OF STATUS DESIRED ☐**

**\$8.75 Additional Fee required  
for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

**Name**

**Steven Warm, Esquire**

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

**2101 N.W. Corporate Blvd.**

**Suite, Apt. #, Etc.**

**220**

**City**

**Boca Raton**

**State**

**FL**

**Zip Code**

**33431**

**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**

**REGISTERED AGENT MUST SIGN**

**Date 11/17/06**

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

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
<b>D</b>	<b>Richard G.Schaub</b>	<b>2922 Cardinal Drive</b>	<b>Vero Beach, FL 32963</b>

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**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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

**B. Mitchell**

**NOV 27 2006**