

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
REINSTATEMENT

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

DOCUMENT # K50564

1. Corporation Name

KAVANAUGH TELEVISION PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

216 SOVEREIGN CT
ALTAMONTE SPRINGS FL 32701
US

216 SOVEREIGN CT
ALTAMONTE SPRINGS FL 32701
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

12/06/1988

5. FEI Number

59-2933569

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
P	KAVANAUGH, KENNETH G.	216 SOVEREIGN CT	ALTAMONTE SPRINGS FL

700003027037--8
-10/27/99--01098--010
****150.00 ****150.00

10/10/26

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LIEBERMAN, GARY
241 PINE CONE LANE
LONGWOOD FL 32751

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

Gary Lieberman

REGISTERED AGENT MUST SIGN

Date

10/14/99

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

Kenneth G. Kavanaugh
Kenneth G. Kavanaugh

10/15/99
Date

407-331-4133
Daytime Phone #

KAVANAUGH TELEVISION PRODUCTIONS, INC.

216 SOVEREIGN COURT
ALTAMONTE SPRINGS, FLORIDA 32701
407-331-4133
407-331-8265 FAX

October 15, 1999

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

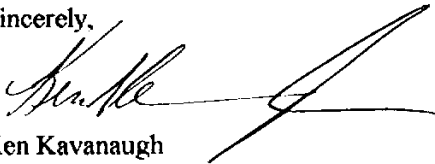
I recently received a Certificate of Administrative Dissolution or Revocation notice from your office. It appears to inform me that my corporation has been dissolved.

My address (listed above) has had constant mail problems since we moved here just over 1 year ago. It appears to be due to the rural nature of our location. I never received any renewal notice(s) from your department, and was unaware of the pending dissolution. I recently changed the name of the corporation from Ken Kavanaugh Film and Video, Inc. to Kavanaugh Television Productions, Inc., and you apparently have this correct.

I need to immediately have this corporation reinstated as it appears on the enclosed application. However, after a discussion with your office I am enclosing \$150.00 to cover the normal renewal fee.

Thank you for your understanding, and please contact me as soon as possible if there are any problems.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Ken Kavanaugh', followed by a long horizontal flourish line.

Ken Kavanaugh
President