

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FOR THE FLORIDA DEPARTMENT OF STATE

John Smith
Secretary of State

DIVISION OF CORPORATIONS

L01000019440

03 FEB 10 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000019440

Name and Mailing Address

0000844 01 FP 0.352 **PRSR T3 0 0615 32810-430331



BAY CABLE COMMUNICATIONS, LLC
6331 ALL AMERICAN BLVD.
ORLANDO FL 32810-4303

REINSTATEMENT



2002-
2003

2. New Mailing Address 6329 All American Blvd.		4. State/Country of Formation FL	
City, State, Zip Orlando, FL 32810-4303		5. Date Organized or Qualified To Do Business in Florida 11/09/2001	
Principal Place of Business 6331 ALL AMERICAN BLVD. ORLANDO FL 32810	3. New Principal Place of Business Address City, State, Zip		6. FEI Number N/A
		Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent A.G.C. CO. 200 SOUTH ORANGE AVENUE, SUITE 2300 ORLANDO FL 32801		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 600009748776 12/31/02--01005--009 **150.00 City FL Zip Code	
---	--	--	--

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent **Richard T. Fulton** Date **12/24/02**

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
V. Pres G. Mgr	Donald Gault	775 Cricklewood Terrace	Kathron, FL 32746

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager **Donald J. Gault** Date **12-17-02** Daytime Phone # **(407) 292 0123**

Typed or printed name of signing Managing Member/Manager **Donald J. Gault**

CR26084 (8/02)

JB