

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Glenda E. Hood**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

**FILED**

**2004 JAN -6 AM 8:31**

**DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA**

**1. DOCUMENT # L02000014976**

Name and Mailing Address

0005051 01 AT 0.292 \*\*AUTO T1 0 0615 33040-386803



**SATELLITE MICROCABLE LLC**  
**30 HILTON HAVEN, #3**  
**KEY WEST FL 33040-3868**

**400026055134**  
**01/06/04--01007--003 \*\*155.00**



2. New Mailing Address <b>422 Fleming Street</b>		4. State/Country of Formation <b>FL</b>	
City, State, Zip <b>Key West, FL 33040</b>		5. Date Organized or Qualified To Do Business in Florida <b>06/17/2002</b>	
Principal Place of Business <b>30 HILTON HAVEN, #3 KEY WEST FL 33040</b>	3. New Principal Place of Business Address <b>422 Fleming Street</b> City, State, Zip <b>Key West FL 33040</b>	6. FEI Number <b>03-0462549</b>	Applied For <input type="checkbox"/> Not Applicable
8. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	
9. Name and Address of New Registered Agent Name <b>J. Kelly Bloomer</b> Street Address (P.O. Box Number acceptable) <b>422 Fleming Street</b> City, State, Zip <b>Key West FL 33040</b>			
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 <b>SIGNATURE REQUIRED</b> Date <b>12/29/03</b> 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
MGR	BLOOMER, J. KELLY	<del>30 HILTON HAVEN, #3</del> <b>422 Fleming St.</b>	KEY WEST FL 33040
MGR	WALKER, HERMAN	5350 GREAT FOSTERS	ROCHESTER MI 48306
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 <b>SIGNATURE REQUIRED</b>		Date <b>12/29/03</b> Daytime Phone # <b>305-766-0842</b>	
Typed or printed name of signing Managing Member/Manager			

**REINSTATEMENT 2003**

CR2E034 (7/03)