

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 JUN 14 PM 4:39

DOCUMENT # L04000059878

1. Limited Liability Company's Name

**A & J CABLE, LLC**

2. Principal Office Address - No P.O. Box #

11310 S OBT

Suite, Apt. #, etc

186

City & State

ORLANDO, FLORIDA

Zip

32837

Country

USA

3. Mailing Office Address

11310 S OBT

Suite, Apt. #, etc

186

City & State

ORLANDO, FLORIDA

Zip

32837

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida 08/08/2004

6. FEI Number

06-1822307

☐ Applied For

☐ Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

AUGUSTUS III JONES

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

11310 S OBT

Suite, Apt. #, Etc

186

City

ORLANDO

State

FL

Zip Code

32837

9. 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

Date JUNE 07, 2010

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	AUGUSTUS III JONES	11310 S OBT - STE 186	ORLANDO, FL 32837

**REINSTATEMENT** 2008-2010

11. E-mail Address

(To be used for future annual report notifications.)

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

Date 06-07-2010

Daytime Phone #

Typed or printed name of signing Managing Member/Manager