

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC 10 PM 5:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L74808

1. Corporation Name

CONSOLIDATED CABLE SERVICE, INC.

Principal Place of Business

820 CREATIVE DRIVE
LAKELAND FL 33813

Mailing Address

PO BOX 5784
LAKELAND FL 33813
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

05/21/1990

5. FEI Number

59-2957010

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	FADLEVICH, G. STEPHEN	5657 LAKE POINT DRIVE	LAKELAND FL
D	FADLEVICH, VIVIAN M.	5657 LAKE POINT DRIVE	LAKELAND FL
			7000003103577--0 -01/20/00--01011--002 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

MORRISON, JOSEPH A.

5440 S. FLORIDA AVENUE
LAKELAND FL 33803

9. Name and Address of New Registered Agent

Name

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

3500 S. Florida Ave.

Suite, Apt. #, Etc.

City

Lakeland

State
FL

Zip Code

33803

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12-7-1999

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.

Vivian M. Fadlevich

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Vivian M. Fadlevich
Date 10/15/99 Daytime Phone # 304 489 1032

CR2E040 (6/99)