


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	FADLEVICH, G. STEPHEN	5657 LAKE POINT DRIVE	LAKELAND FL
D	FADLEVICH, VIVIAN M.	5657 LAKE POINT DRIVE	LAKELAND FL

**000004690200--3
-11/21/01-01015-007
****750.00 ****750.00**

8. Name and Address of Current Registered Agent

**MORRISON, JOSEPH A.
3500 S. FLORIDA AVENUE
LAKELAND FL 33803**

9. Name and Address of New Registered Agent

Name
Neil A. Roddenbery
Street Address (P.O. Box Number is Not Acceptable)
One Lake Morton Dr
Suite, Apt. #, Etc.
City
Lakeland State
FL Zip Code
33801

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 **10/23/01**

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 REQUIRED
Vivian M. Fadlevich **863 646 7338**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Corporate Date **10/11/01** Daytime Phone #