

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 AUG 12 AM 10:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L99000002287

1. Limited Liability Company's Name

DIRECT CABLE OF FLORIDA, LLC.

400007118004--2  
-08/14/02--01085--008  
\*\*\*\*255.00 \*\*\*\*255.00

2. Principal Office Address

P.O. BOX 616587

Suite, Apt. #, etc.

City & State

ORLANDO, FL.

Zip

32865

Country

USA

3. Mailing Office Address

P.O. BOX 616587

Suite, Apt. #, etc.

City & State

ORLANDO, FL.

Zip

32865

Country

4. State/Country of Formation

FLORIDA, U.S.

5. Date Organized or Qualified  
To Do Business in Florida

4-22-99

6. FEI Number

59-3571400

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

SCOTT HERON

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

419 CINNAMON BARK LANE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32835

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

REGISTERED AGENT MUST SIGN

Date

8-12-02

**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
<u>MG RM</u>	<u>DEBBIE HERON</u>	<u>419 CINNAMON BARK</u>	<u>ORLANDO, FL. 32835</u>

**REINSTATEMENT**

00-02-03  
dec

11. 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 8-12-02

Daytime Phone # 407-570-9308

Typed or printed name of signing Managing Member/Manager

MG RM

CR2E041 (9/01)