

L99000002287

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L99000002287

1. Limited Liability Company's Name

Direct Cable of Florida, LLC  
03

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

6025 Pitch Pine Dr  
Suite, Apt. #, etc.

3. Mailing Office Address

6025 Pine Pitch Dr  
Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

32819 orange

Zip

32819

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

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)

6025 Pitch Pine Dr

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32819

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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

*[Signature]*

Date 5.8.09

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| Mgmn   | Scott Heron                          | 6025 Pitch Pine Dr                                | Orlando, FL 32819  |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

REINSTATEMENT 2003-2008

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

*[Signature]*

Date 5.8.08

Daytime Phone # 321.246.6789

Typed or printed name of signing Managing Member/Manager