M69394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

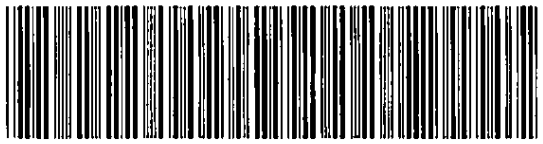
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300392108333

Lian Lersa
Suite 13
1990 N.W. Miami Gardens Drive
Miami, Florida 33056

M69394

February [illegible], 1988

Division of Corporations
Secretary of State
P. O. Box 6327
Tallahassee, Florida 32314

Re: New Corporation in the name of TV Dimensions, Inc.

Dear People:

Enclosed please find check in the amount of $70.00 along with an original and a copy of the charter of the above mentioned corporation.

Kindly mail us back the copy with your receipt stamp on it.

Thanking you for your [illegible] operation, I remain,

Sincerely

Lian Lersa

LL: ccm
Encl.

dmc 2-24-88
dmc 2A
dpr
dmc
dmc
dmc

02/18/88 00055 015
DOMESTIC CHARTERS 70.00
REGISTERED AGENT 10.00
CHARTER FILING 20.00
CERT/PHOTO COPY 30.00
TOTAL 70.00

FILED
1988 FEB 24 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

TV DIMENSIONS, INC.

M69394

FILED

80 FEB 24 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned subscriber to these Articles of Incorporation a natural person competent to contract, hereby associates himself to form a corporation under the laws of the State of Florida.

ARTICLE I: NAME

The name of this corporation is:

TV DIMENSIONS, INC.

ARTICLE II: NATURE OF BUSINESS

The general nature of the business and the objects and purposes to be transacted and carried on are:

1. Investing in Real Estate, stocks, bonds, mutual funds, and television/satelite related ventures.

2. And, in general, to carry on any other business whatsoever in connection with the foregoing or which is calculated, directly or indirectly, to promote the interest of the corporation or to enhance the value of its properties.

3. And, further, to borrow or raise money for any purposes of the company, and to secure the same interest, or for other purposes, to mortgage all or any part of the property corporeal or incorporeal rights or franchises of this company now owned or hereinafter acquired, and to create, issue, draw and accept and negotiate bonds and mortgages, bills of exchange, promissory notes or other obligations or negotiable instruments.

4. And, further, to lend money for any purposes of the corporation.

ARTICLE III: CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any time is:

One thousand (1,000) shares at One ($1.00) Dollar par value.

ARTICLE IV: AMOUNT OF CAPITAL

The amount of capital with which this corporation will begin business is not less than:

One Thousand ($1,000.00) Dollars.

ARTICLE V: TERM OF EXISTENCE

This corporation shall have perpetual existence.

ARTICLE VI: ADDRESS

The initial post office address of the principal office of this corporation in the State of Florida is:

1990 N.W. Miami Gardens Drive, Suite 13, Miami, Florida 33056

The Board of Directors may from time to time move the principal office to any other address in the State of Florida, and establish branches and subsidiaries in any place within and without the United States.

ARTICLE VII: DIRECTORS

This corporation shall have two (2) directors initially. The number of directors may be increased or diminished from time to time by the laws adopted by the stockholders, but shall never be less than one (1) and not more than three (3).

ARTICLE VIII: INITIAL BOARD OF DIRECTORS

The names and post office addresses of the members of the first Board of Directors, who subject to the provisions of the Certificate of Incorporation, the by-laws and the corporation laws of the State of Florida, shall hold office for the first year of the corporation's existence, or until their successors are elected and have qualified, are:

Lian Lersa, President/Director

Suite No. 13

1990 N.W. Miami Gardens Drive,

Miami, Florida 33056

Lelia Lersa, Secretary/Treasurer/Director

Suite No. 13

1990 N.W. Miami Gardens Drive

Miami, Florida 33056

ARTICLE IX: SUBSCRIBERS

The name and post office address of the original subscriber of these Articles of Incorporation, the number of shares he agrees to take and the value of the consideration thereof is:

LIAN LERSA, 1990 N.W. Miami Garden Drive, Suite 13 Miami, Florida 33056

1000 Shares for $1,000.00.

ARTICLE X: AMENDMENT

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the Stockholders, and approved at a Stockholders' meeting by a majority of the stock entitled to vote thereon.

ARTICLE XI: DESIGNATION OF REGISTERED RESIDENT AGENT

That LIAN LERSA, of 1990 N.W. Miami Gardens Drive, Suite 13, Miami, Florida 33056, is hereby named registered resident agent for this Corporation to be its agent and to accept service of process within the State of Florida at this registered office.

ACKNOWLEDGEMENT:

Having been named to accept service of process for TV DIMENSIONS, INC. at the place designated in this Article, I hereby accept to act in this capacity, and agree to comply with the provision of said act relative to keeping open said office.

By: _____
Registered Resident Agent

I, THE UNDERSIGNED, being the original subscriber to the capital stock hereinabove named for the purpose of forming a corporation for profit to do business both within and of the State of Florida, do hereby make, subscribe, acknowledge and file this Certificate, hereby declaring and certifying that the facts herein stated are true, and do agree to take the number of shares of stock herein above set forth as to each of us, and accordingly have hereunto set our hands and seal this 4th day of January, 1988.

_____
LIAN LERSA
Suite No. 13
1990 N.W. Miami Gardens Drive
Miami, Florida 33056

STATE OF FLORIDA:

SS:

COUNTY OF DADE:

I HEREBY CERTIFY that on this day before me, a Notary Public duly authorized to administer oaths and take acknowledgments, personally appeared

LIAN LERSA

to me well known to be the person described as suscriber in and who executed the foregoing Articles of Incorporation, and acknowledged before me that he subscribed to those Articles of Incorporation.

WITNESS my hand and seal in the County and State named above this 4th day of January 1988.

Belkis Medina

NOTARY PUBLIC, STATE OF FLORIDA AT LARGE

NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION EXPIRES JUNE 9, 1990
BONDED THRU GENERAL INS. UND.

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST

APPROVED

DO NOT WRITE IN THIS SPACE

1989 JUN -9 AM 10: 18

FLORIDA DEPT. OF STATE CORPORATION DIVISION TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1989

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

Filing Fee of $35 Required — Make Checks Payable To: Secretary of State

Name and Address of Corporation Principal Office

ZIP + 4

M69394 6
TV DIMENSIONS, INC.
1990 N.W. MIAMI GARDENS DRIVE
SUITE 13
MIAMI, FL 33056

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

2 Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21

PO Box No 22

City and State 23

Zip Code 24

Date Incorporated or Qualified To Do Business in Florida: 02/24/1988

4 Federal Employer Identification Number (FEI): APPLIED FOR

5 Date of Last Report

Names and Street Addresses of Each Officer and Director as of December 31, 1988

Title	Names of Officers and Directors	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
V/D	LERSA, LIAN	1990 N.W. MIAMI GDNS DR.	MIAMI, FL
S/T/D	LERSA, LELIA	1990 N.W. MIAMI GDNS DR.	MIAMI, FL

REGISTERED AGENT INFORMATION

Name and Address of Current Registered Agent

LERSA, LIAN
1990 N.W. MIAMI GARDENS DRIVE
SUITE 13
MIAMI, FL 33056

8 Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84: FL.

Zip Code 85

Pursuant to the provisions of Sections 607.294 and 607.307, Florida Statutes, the abovenamed corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. ... authorized by resolution duly adopted by its board of directors on ...

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Section 607.325 F.S.

DATE

Signature of Registered Agent Accepting Appointment

... has not transacted business in Florida

See signature restrictions under instructions on reverse side of this form

I hereby certify that I am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. ... Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath

Date: 6/5/89

LIAN LERSA

VICE PRESIDENT

... Additional Fee required for a Certificate of Status

FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST

ANNUAL REPORT
1990

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED
1990 SEP 17 PM 1:46
TALLAHASSEE

Certificate of Status Requested? Yes No

1. Name and Mailing Address of Corporation (Principal Office)

ZIP + 4

(169394 8
TV DIMENSIONS, INC.
1990 N.W. MIAMI GARDENS DRIVE
SUITE 13
MIAMI, FL 33056

M69394

2. Enter Change of Address of Corporation Principal Office (Post Office Box Address Not Acceptable)

Street Address

P.O. Box No.

City and State 23

Zip Code 24

3. Date Business Began in Florida (or Date Qualified to Transact Business in Florida) 02/24/1988

4. Federal Employer Identification Number (FEIN) 65-0039744

5. Date of Last Report

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1989

Title 1	Names of Officers and Directors 2	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) 3	City and State 4 5
V/D	LERSA, LIAN	1990 N.W. MIAMI GDNS DR.	MIAMI, FL
S/T/D	LERSA, LELIA	1990 N.W. MIAMI GDNS DR.	MIAMI, FL
D/P	EFSTATHIOS, CATOGAS	1990 N.W. MIAMI GARDENS DR.	MIAMI, FL
D/V	CECILIA, MEDINA	1990 N.W. MIAMI Gardens DR.	MIAMI, FL

SM 9.17

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

LERSA, LIAN
1990 N.W. MIAMI GARDENS DRIVE
SUITE 13
MIAMI, FL 33056

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 83

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84 FL

Zip Code 85

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, F.S.

SIGNATURE (Required Signature Appears Above Applicable Line)

DATE 6/11/90

LIAN LERSA VICE PRESIDENT

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT

1991

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

APPROVED
FL. DEPT. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FL.
FILED

FILING FEE OF $61.25 REQUIRED

DO NOT WRITE IN THIS SPACE

1 Name and Mailing Address of Corporation

DOCUMENT # M69394 (8)

ZIP + 4 PRESORT

TV DIMENSIONS, INC.
1990 N.W. MIAMI GARDENS DRIVE
SUITE 13
MIAMI, FL 33056-3846

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

2 If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment

21 Street Address

22 P.O. Box No.

23 City and State

24 Zip Code

3 Date Incorporated or Qualified To Do Business in Florida: 02/24/1988

4 FEI Number: 65-0038744

FEI Number Applied For

FEI Number Not Applicable

5 $8.75 CERTIFICATE OF STATUS DESIRED

6 Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

1 Title	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State
P/D/P	LERSA, LIAN	1990 N.W. MIAMI GDNS DR.	MIAMI, FL
S/T/D	LERSA, LELIA	1990 N.W. MIAMI GDNS DR.	MIAMI, FL
~~D/P~~	~~EFSTATHIOS, CATOGAS~~	~~1990 N.W. MIAMI GDNS DR.~~	~~MIAMI, FL~~
~~D/V~~	~~CECILIA, MEDINA~~	~~1990 N.W. MIAMI GDNS DR.~~	~~MIAMI, FL~~

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent

LERSA, LIAN
1990 N.W. MIAMI GARDENS DRIVE
SUITE 13
MIAMI, FL 33056

8 Name and Address of New Registered Agent

81 Name

82 Street Address 1 (Do NOT Use P.O. Box Number)

83 Street Address 2 (Do NOT Use P.O. Box Number)

84 City FL. 85 Zip Code

9 Pursuant to the provisions of Sections 607.0502 and 607.1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors.

I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

10 I certify that the information indicating on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607; or my name appears in Block 6 or on an attachment with an address.

SIGNATURE Lian Lersa DATE 6/8/91

LIAN LERSA PRESIDENT

FILING FEE OF $61.25 REQUIRED — Make Checks Payable To: Secretary of State $8.75 Additional Fee required for a Certificate of Status

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION ANNUAL REPORT 1992

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

APPROVED
SEC. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FLA.
FILED

DO NOT WRITE IN THIS SPACE

FILING FEE $61.25 Make Payable To: Secretary of State

1. Principal Mailing Address of Corporation DOCUMENT # M69394 (8)

TV DIMENSIONS, INC.
1990 N.W. MIAMI GARDENS DRIVE
SUITE 13
MIAMI FL 33179-5054

If address in Block 1 is incorrect in any way, line through the incorrect information and enter corrections in Block 2

2. If Address in Block 1 is incorrect in any way, line through the incorrect information and enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21 Mailing Address	
22 P.O. Box No.	
23 City and State	24 Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 02/24/1988

3a. Last Report Filed	4. FEI Number	FEI Number Applied For / FEI Number Not Applicable	5. $8.75 Additional Fee Required for Certificate of Status
06/19/1991	65-0038744		CERTIFICATE OF STATUS DESIRED [ ]

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

1 Title	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do Not Use Post Office Box Numbers)	4 City and State
C/VP	LERSA, LIAN	1990 N.W. MIAMI GDNS DR.	MIAMI, FL
S/T/D	LERSA, LELIA	1990 N.W. MIAMI GDNS DR.	MIAMI, FL

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

LERSA, LIAN
1990 N.W. MIAMI GARDENS DRIVE
SUITE 13
MIAMI, FL 33056

8. Name and Address of New Registered Agent

81 Name	
82 Street Address (Do NOT Use P.O. Box Number)	
83 Street Address (Do NOT Use P.O. Box Number)	
84 City FL.	85 Zip Code

9. [illegible] Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. [illegible] registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

Signature of Registered Agent [illegible] DATE ________

10. [illegible] Section 119.07(3), Florida Statutes: Yes [ ] No ✓ (See other side for information on [illegible])

11. [illegible]

SIGNATURE *[signature]* 6/13/92

LERSA, Lian *Vice President* *305 625 0309*

File Now. Filing Fee after May 1 is $225.00

CORPORATION ANNUAL REPORT 1993

DIVISION OF CORPORATIONS

DOCUMENT # M69394 (8)

TV DIMENSIONS, INC.
1990 NW MIAMI GARDENS DR STE 13
MIAMI FL [redacted] 33056

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/24/1988	3a. Date of Last Report: 06/26/1992
4. FEI Number: 650038744	
5. Certificate of Status Desired	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	$5.00 May Be Added to Fees
7. Application with IRS for Tax Exempt Status	$138.75 Supplemental Fee Not Required

ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE
FILING FEE $200.00
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

2. Principal Office Address / 2a. Principal Place of Business

21. 1990 N.W. MIAMI GARDENS DRIVE
22. 13
23. MIAMI, FL
24. 33056 25. U.S.A.

9. Name and Address of Current Registered Agent

LERSA, LIAN
1990 N.W. MIAMI GARDENS DRIVE
SUITE 13
MIAMI FL 33056

10. Name and Address of New Registered Agent

City: FL

DATE

12. OFFICERS AND DIRECTORS

D/V/P
LERSA, LIAN
1990 N.W. MIAMI GDNS DR., SUITE 13
MIAMI FL 33056

~~S/T/D~~
~~LERSA, LELIA~~
~~1990 N.W. MIAMI GDNS DR., SUITE 13~~
~~MIAMI FL, 33056~~

13. OFFICERS AND DIRECTORS CHANGES

TREASURER/SECRETARY/DIRECTOR
CECILIA, MEDINA
1990 N.W. MIAMI GARDENS DRIVE #13
MIAMI, FL. 33056

SIGNATURE [signature] 4/20/93

LIAN LERSA PRESIDENT 305-6250309

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

94 MAR 10 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1994

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

1. Corporation Name: TV DIMENSIONS, INC.

DOCUMENT # M69394 (8)

Mailing Address: ~~1990 NW MIAMI GDNS DR #13~~ ~~SUITE 13~~ ~~MIAMI FL 33056~~ US

Principal Place of Business: ~~1990 N.W. MIAMI GARDENS DRIVE~~ ~~SUITE 13~~ ~~MIAMI FL 33056~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
02/24/1988	05/01/1993

4. FEI Number: 65-0038744 — Applied For / Not Applicable

5. Certificate of Status Desired: $8.75 [illegible] ☐

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☒ No

If address has changed in any way, line through incorrect information and enter correction below:

2. Mailing Address	2a. Principal Place of Business
21: 18257 N.W. 23 AVENUE	26: 18257 N.W. 23 AVENUE
22: Suite 1	27: Suite, Apartment 1
23: City & State: OPALOCKA, FLORIDA	28: City & State: OPALOCKA, FLORIDA
24: Zip 33056 — 25: Country U.S.A.	29: Zip 33056 — 30: Country U.S.A.

9. Name and Address of Current Registered Agent

~~LERSA, LIAN~~
~~1990 N.W. MIAMI GARDENS DRIVE~~
~~SUITE 13~~
~~MIAMI FL 33056~~

10. Name and Address of New Registered Agent

81 Name: C.R. CARY MEDINA
82 Street Address (P.O. Box Number is Not Acceptable): 18257 N.W. 23 AVENUE, SUITE 1
83
84 City: OPALOCKA FL 85 Zip Code: 33056

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505 or 617.0505, Florida Statutes.

Signature: Cary Medina C.R. CARY MEDINA DATE 2/9/94

12. OFFICERS AND DIRECTORS	13. CHANGES TO OFFICERS AND DIRECTORS
~~D/V/P~~ ~~LERSA, LIAN~~ ~~1990 NW MIAMI GDNS DR, STE 13~~ ~~MIAMI FL~~	D/P BELKIS MEDINA SANCHEZ 18257 N.W. 23 AVENUE, SUITE 1 OPALOCKA, FL 33056
~~T/S/D~~ ~~CECILIA MEDINA~~ ~~1990 NW MIAMI GDNS DR #13~~ ~~MIAMI FL~~	T/S/D C.R. CARY MEDINA 18257 N.W. 23 AVENUE, SUITE 1 OPALOCKA, FL 33056

14. [illegible]

SIGNATURE: Cary Medina C.R. CARY MEDINA 2/9/94 (305) 6250309

M69394

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____*, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: TV Dimensions, Inc. EIN ~~or SS#~~: 65-0038744

Address: P.O. Box 614

Homestead, FL 33090-0614

Amount: $35.00 Date Paid 08/21/95

Reason for claim: Corp. is adm. dissolved.

S. Harris/Amendments

M69394, TV DIMENSIONS, INC.

Certified true and correct this 23 *day of* NOVEMBER, 1995.

Signature _____

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim: *Amount of recommended refund* $ 35.00

The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on State Treasurer's Receipt No. 01082-002 *dated* 09/27/95

Name of Account _____

452021300014530000000041 0000

Statutory Authority for Collection 607.0122

It is requested that payment be made from the following account:

NAME OF ACCOUNT: _____

452021300014530000000022002000

Certified true and correct this _____ *day of* _____, 19____

Department of State, Division of Corporations
(Agency)

_____
(Authorized Signature and Title)

TV Dimensions, Inc.
P.O. Box 614
Homestead, FL 33090-0614

OFFICE USE ONLY

900001595733
-03/27/95--01082--002
*****35.00 *****35.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (If known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

Examiner's Initials	

CR2E031(10/92)

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 3, 1995

TV Dimensions, Inc.
P.O. Box 614
Homestead, FL 33090-0614

SUBJECT: TV DIMENSIONS, INC.
Ref. Number: M89394

We have received your document for TV DIMENSIONS, INC. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In order to file your document, the subject entity must first be reinstated.

The subject corporation was administratively dissolved on August 25, 1995 for failure to file its corporation annual report. To file articles of dissolution, the corporation would first have to reinstate by completing a reinstatement application and paying a reinstatement fee of $375.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6908.

Steven Harris
Corporate Specialist

Letter Number: 195A00044998

Sent Refund on 11/9

TV DIMENSIONS, INC.
P. O. Box 614
Homestead, Florida 33090-0614

October 20, 1995

Mr. Steven Harris
Corporate Specialist
Division of Corporations
Florida Department of State
P. O. Box 6327
Tallahassee, Florida 32314

Re: TV Dimensions, Inc.
Reference #M69394

Dear Mr. Harris:

Pursuant to your instruction on the telephone yesterday, I request that you refund our $35.00.

As we explained, when we originally filed voluntarily our Articles of Dissolution of the above mention corporation we were not aware that you already had involuntarily dissolved it both items crossed in the mail.

Thanking you for your anticipated cooperation we remain,

Sincerely

Belkis Sanchez
President

BS:ccc
Encl

CERTIFIED MAIL NO. P 891 160 270
RETURN RECEIPT REQUESTED