

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # N00000002654

1. Corporation Name

KEY BISCAZYNE COMMUNITY TELEVISION, INCORPORATED

2. Principal Office Address

800 Crandon Blvd.

Suite, Apt. #, etc.

City & State

Key Biscayne, FL

Zip

33149

Country

3. Mailing Office Address

800 Crandon Blvd.

Suite, Apt. #, etc.

City & State

Key Biscayne, FL

Zip

33149

Country

REINSTATEMENT 2001-2002

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/21/2000

5. FEI Number

65-1004046

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Manuel A. Cambo

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

621 Harbour Drive

Suite, Apt. #, Etc.

City

Key Biscayne

State

FL

Zip Code

33149

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 6/10/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/C	Manuel Cambo	621 Harbour Drive	Key Biscayne, FL 33149
D	Robert Baldwin	290 Sunrise Drive, #2A	Key Biscayne, FL 33149
D/T	Joe Kiene	151 Crandon Blvd., #242	Key Biscayne, FL 33149
D/S	Conchita Sarnof	600 Grapetree	Key Biscayne, FL 33149
D	Bill Durham	260 Crandon Blvd., #6	Key Biscayne, FL 33149
D	Pat Neal	170 Ocean Lane, #607	Key Biscayne, FL 33149

10. 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:

Manuel Cambo, Director/Chairman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/10/02 305 361-7972

CR2E001 (9/01)