

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 NOV 19 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

TV COMMUNICATIONS, INC.

2. Principal Office Address

5422 CARRIER DRIVE, STE 107

Suite, Apt. #, etc.

City & State

ORLANDO - FL

Zip

32819

Country

USA

3. Mailing Office Address

P.O. Box 340

Suite, Apt. #, etc.

City & State

WINDERMERE FL

Zip

34786

Country

USA

**REINSTATEMENT** 03

4. Date Incorporated or Qualified  
To Do Business in Florida

7/21/2000

5. FEI Number

59-3666400

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

KERI LOWE

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

5422 CARRIER DRIVE SUITE 107

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32819

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

Keri Lowe

REGISTERED AGENT MUST SIGN

Date

11/13/03

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	KERI LOWE	PO BOX 340	WINDERMERE FL 34786
D	TOM LOWE	PO BOX 340	WINDERMERE FL 34786

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:

Keri Lowe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/03

Date

407 352 0550

Daytime Phone #

CR2E081 (10/02)

Florida Dept of State  
Tallahassee, Fl 32314

Dear sirs,

Enclosed please find \$150.00 for the annual fee of ETV Inc. We never received any prior notices of corporate renewal. We did not realize that the corporation was inactive until we had a meeting with our bank. The mailing address of the corporation is P.O. Box 340, Windermere, Fl 34786. Mail to the business location is usually hard to receive, because it is a big complex and we are a small business that receives no mail at the physical location. Please correct your records and accept this \$150.00 plus \$8.75 to make the corporation current.

Please accept this renewal fee . If you need any additional information from us, please contact us.

Sincerely,



Tom Lowe  
President  
P.O. Box 340  
Windermere, Fl 34786