

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 OCT 31 PM 5:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000027230**

1. Corporation Name

INTERMEDIA TELEVISION SERVICES, INC.

Principal Place of Business

**2025 NORTHWEST 112TH AVENUE
SUITE 106
MIAMI FL 33172**

Mailing Address

**2025 NORTHWEST 112TH AVENUE
SUITE 106
MIAMI FL 33172**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
825 BUCKELL BAY DRIVE

City & State
SUITE 1641 MIAMI FLORIDA

Zip
33131

Country
USA

3. New Mailing Office Address, If Applicable

**825 BUCKELL BAY DRIVE
SUITE # 1641**

City & State
MIAMI FLORIDA

Zip
33131

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/16/2001

5. FEI Number

65-1083806

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	KOCHEN, ALEXANDER	2025 NORTHWEST 112TH AVENUE	MIAMI FL 33172
VTD	VILORIA, JORGE	2025 NORTHWEST 112TH AVENUE	MIAMI FL 33172

000008725720
10/31/02--01051--006 **150.00

8. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Oct 28/02.

(786) 777-7400

CR2E040 (8/02)



INTERMEDIA TELEVISION SERVICES INC.

Miami October 28th, 2002

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

Ref.: Reinstatement of the Corporation – Intermedia Television Services, Inc.

Dear Sir or Madame:

Enclosed please find the Application Form for Reinstatement of my Corporation entitled "INTERMEDIA TELEVISION SERVICES" and the proper fee in the amount of \$150. Prior notifications have not been received. The company address specified in the application was incorrect and a third party forwarded this final form to us.

Company prior address:
2025 NW 102nd Avenue Miami Florida 33172 - (Different Address to the one showed in the application)

Company present address:
825 Brickell Bay Drive Suite #1641 Miami Florida 33131.

In addition let me inform you that Mr. Jorge Vilorio is not longer an officer of the Corporation.

Should you have any questions please do not hesitate to contact me at (786) 777-7400 or at akochen@skyquesttv.com.

Thank you in advance for your cooperation.

Sincerely,



Alexander Kochen
President