

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000076071

1. Corporation Name

DIRECT CABLE SATELLITE, INC.

Principal Place of Business

Mailing Address

~~2850 STIRLING ROAD, SUITE D~~
~~HOLLYWOOD FL 33020~~

~~2850 STIRLING ROAD, SUITE D~~
~~HOLLYWOOD FL 33020~~

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~1314 E LAS OLAS #171~~

~~1314 E LAS OLAS #171~~

~~FORT LAUDERDALE FL~~

~~FORT LAUDERDALE FL~~

~~Zip 33301~~

~~Country BRWd~~

~~Zip 33301~~

~~Country BRWd~~

4. Date Incorporated or Qualified
To Do Business in Florida

08/01/2001

5. FEI Number

65-1127655

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
OPD	GUZMAN, GEORGE	4000 HARDING ST. 1314 E LAS OLAS #171	HOLLYWOOD FL 33020 FORT LAUD FL 33301
PD	FREYRE, LIZETE	11450 NW 4TH LANE	MIAMI FL 33172
D	CARENAS, HENRY	2690 NE 13TH ST.	MIAMI FL 33181

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EREYNE, LIZETE
1450 NW 4TH LANE
MIAMI FL 33172

Name George Guzman
Street Address (P.O. Box Number is Not Acceptable)
1314 E LAS OLAS #171
Suite, Apt. #, Etc.
FORT LAUDERDALE FL
City
State FL Zip Code 33301

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

REGISTERED AGENT MUST SIGN

Date

1/1/04

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/1/04

CR2E040 (7/03)