

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 30 AM 10:45

DOCUMENT # P02000126543

1. Corporation Name

CABLE COMMUNICATIONS EXPERTS, INC.

W08-24845

000129194030

05/13/08--01010--010 **750.00

REINSTATEMENT 04-08

2. Principal Office Address - No P.O. Box #

3197 NW 27 AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

Zip
33434

Country
USA

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/02/02

5. FEI Number

05-0541974

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

GARY BADER

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

3939 NE 5TH AVENUE

Suite, Apt. #, Etc.

B-204

City

BOCA RATON

State

FL

Zip Code

33431

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Gary Bader

Date 3/15/08

REGISTERED AGENT MUST SIGN

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
PRES.	OLIVAR, JOSE J.	3197 NW 27 AVE.	BOCA RATON FL 33434

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 contained in Chapter 119, 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

5-24-8 561-756-1216

Date

Daytime Phone #

6/20