

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT -2 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000013423

1. Corporation Name

J.C. CABLE, INC.

2. Principal Office Address

5536 SW 2 ST

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami

Zip

33134

Country

U.S.A

Zip

33134

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

61-0498069

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

Juane Liriano

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

5536 SW 2 ST

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33134

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 9/13/07

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
P	YANICET FERNANDEZ	5536 SW 2 ST	Miami, FL 33134
VP	Juane Liriano	5536 SW 2 ST	Miami FL 33134

400110288674
10/04/07--01036--009 **450.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/07

Date

Daytime Phone #

G. Michael

OCT 2 2007

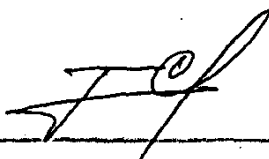
2082

IC Cable Inc.

We are in receipt of the second notice to pay the corporate uniform business report. We apologize; we never received any of the prior notices.

Please, we did not intentionally filed late because we never received any correspondence from your department by the post office. We recently received from the post office the second notice and we are acting promptly to correct this error. Please, We respectfully ask for an abatement of the penalty charges and accept our filing and the check for \$450.00. We have corrected the discrepancy with the post office and all reports will be filed on time from now on.

Thank you for your understanding and attention to our case.

A handwritten signature, possibly reading "JCP", is written above a horizontal line.