

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV 21 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000143885**

1. Corporation Name

On Da Tube Television, Inc.

2. Principal Office Address - No P.O. Box #
161 Crandon Blvd.

Suite, Apt. #, etc.
326

City & State
Key Biscayne, FL

Zip Country
33149-1548 USA

3. Mailing Office Address
161 Crandon Blvd.

Suite, Apt. #, etc.
326

City & State
Key Biscayne, FL

Zip Country
33149-1548 USA

4. Date Incorporated or Qualified
To Do Business in Florida **10/19/2004**

5. FEI Number
161708817

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
Efrain Osorio

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

Suite, Apt. #, Etc.
326

City
Key Biscayne

State Zip Code
FL 33149-1548

☒ 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

REGISTERED AGENT MUST SIGN

Date **11/15/2007**

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/D/C/T/S/M	Efrain Osorio	161 Crandon Blvd.. # 326	Key Biscayne, FL 33149-1548

200112457942
11/20/07--01029--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 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

11/15/2007 786-718-9018

Date

Daytime Phone #

On Da Tube Television, Inc.

161 Crandon Blvd. # 326
Key Biscayne FL 33149-1548

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November 15, 2007

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

Dear Sir or Madam:

I didn't receive any prior notices regarding dissolution of my company, this is probably due to the fact that we have moved twice within our complex in the past two years. It's for this reason that I'm requesting the reinstatement fee to be waived.

Sincerely,

A handwritten signature in black ink, appearing to read 'Efrain Osonio', with a long horizontal flourish extending to the right.

Efrain Osonio
President