

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 MAR -4 AM 8:47

DOCUMENT # p07000117869

1. Corporation Name

Charlotte Cable Inc.

**REINSTATEMENT**

KS

08-10

800171174198  
03/04/10--01002--013 \*\*458.75  
CR2E081 (1/109)

2. Principal Office Address - No P.O. Box # 22203 Hernando ave. Suite, Apt. #, etc.		3. Mailing Office Address Same Suite, Apt. #, etc.	
City & State Port Charlotte, FL		City & State	
Zip 33952	Country U.S.A.	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 10-26-2007	
5. FEI Number 13-4367821	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Justin M. Cole			
Street Address (P.O. Box Number is Not Acceptable) 22203 Hernando Ave.			
Suite, Apt. #, Etc.			
City Port Charlotte	State FL	Zip Code 33952	

☒ 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 02-19-2010

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
dpvs	Justin M. Cole	22203 Hernando Ave.	Port Charlotte, FL 33952

10. E-mail Address: cablguy67@comcast.net

(To be used for future annual report notification)

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. I further certify, 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:

Justin M. Cole

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-19-2010 941-875-6196

Date

Daytime Phone #