

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000027686

1. Corporation Name

CABLEVISION DIRECT, INC.

Principal Place of Business

2435 U.S. HWY. 1 SOUTH
CALLAHAN, FL 32011

Mailing Address

P.O. BOX 1303
CALLAHAN, FL 32011

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.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11-15-94

5. FEI Number

59-3281256

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	MOONEYHAN, W. JEFFREY	2435 U.S. HWY. 1 SOUTH	CALLAHAN, FL 32011
VP	MOONEYHAN, WALTER S.	2435 U.S. HWY 1 SOUTH	CALLAHAN, FL 32011
S	MOONEYHAN, W. JEFFREY	2435 U.S. HWY 1 SOUTH	CALLAHAN, FL 32011

REINSTATEMENT 98-99 B 2/6/99

8. Name and Address of Current Registered Agent

MOONEYHAN, W. JEFFREY
2435 U.S. HWY. 1 SOUTH
CALLAHAN, FL 32011

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

200002832372-1

04/07/99-01079-024

****900.00 Date 3/26/99

FL

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.

Signature of
Registered Agent

W Jeffery Mooneyhan
REGISTERED AGENT MUST SIGN

Date

3/26/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax)

12. 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)(b), 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

W Jeffery Mooneyhan

3/26/99

Date

819-4231
Daytime Phone #