


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

04 MAR 23 PH 1:43  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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 03/26/04--01097--027 \*\*450.00

REINSTATEMENT 02-09

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT #** 995-32439

**1. Corporation Name**  
 CONTY COMMUNICATIONS OF ORLANDO, INC.

<b>2. Principal Office Address</b> 12957 S. ORANGE BLOSSOM TRAIL		<b>3. Mailing Office Address</b> 12957 S. ORANGE BLOSSOM TRAIL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32837-6592	Country ORANGE	Zip 32837-6592	Country ORANGE

**4. Date Incorporated or Qualified To Do Business in Florida** 04/21/1995

**5. FEI Number** 59-3374159

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: JOSE J. CONTY

Street Address (P.O. Box Number is Not Acceptable): 2038 TIPTREE CIRCLE

Suite, Apt. #, Etc.:

City: ORLANDO

State: FL Zip Code: 32837

**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: \_\_\_\_\_ Date: 3-19-04

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
P/D	JOSE J. CONTY	2038 TIPTREE CIRCLE	ORLANDO, FL 32837

**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:** \_\_\_\_\_ Date: 3-19-04 Daytime Phone #: (407) 760-8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)

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**CONTY COMMUNICATIONS OF ORLANDO, INC.  
12957 S. ORANGE BLOSSOM TRL  
ORLANDO, FL 32837-6592**

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March 19, 2004

Uniform Business Report  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

Subject: **CONTY COMMUNICATIONS OF ORLANDO, INC.  
P95000032439**

To Whom It May Concern:

We recently realized that we had not received our Uniform Business Report from the State for the years 2002, 2003 and 2004 and have not paid our \$150.00 filing fee due on May 1<sup>st</sup> of every year.

Our address has changed since last time we filed a report and we no longer receive correspondence at 1403 E Vine Street, Kissimmee, FL 34744 or any other address you have in your records. We are submitting a reinstatement form correcting our address. We are also submitting payment for \$450.00 for the three years fees and kindly ask that the penalties be waived.

We apologize for any inconvenience this may have caused but please accept the attached Uniform Business Report for the year 2004.

Sincerely,



Jose J. Conty  
President