

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

01 FEB -5 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT
2000-01 WORK

DOCUMENT # 795000033905

1. Corporation Name
Keys Microcable Corporation

2. Principal Office Address
1714 N. Roosevelt Blvd
Suite, Apt. #, etc.
City & State
Key West FL
Zip
33040
Country
USA

3. Mailing Office Address
10250 E Berry Sr.
Suite, Apt. #, etc.
City & State
Greenwood Village CO
Zip
80111
Country
USA

4. Date Incorporated or Qualified To Do Business in Florida 05-09-95

5. FEI Number 650576017
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 Steven M. Greenberg
Street Address (P.O. Box Number is Not Acceptable) 9900 Stirling Rd
Suite, Apt. #, Etc. Suite 406
City Cooper City
State FL Zip Code 33024

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 _____
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
D	James C. Roberts	10250 E Berry Sr.	Greenwood Village CO 80111

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] James C. Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 1-15-01 Daytime Phone # 720.528.9641

CR2E061 (9/99)