

FEE: \$300

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 APR 16 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000076348

1. Corporation Name

Telecable, Inc.

2. Principal Office Address - No P.O. Box #

495 N. Keller Road

Suite, Apt. #, etc.

Suite 301

City & State

Maitland, FL

Zip

32751

Country

US

3. Mailing Office Address

495 N. Keller Road

Suite, Apt. #, etc.

Suite 301

City & State

Maitland, FL

Zip

32751

Country

US

**REINSTATEMENT**

CR2E081 (12/07)

07-08<sup>KS</sup>

4. Date Incorporated or Qualified  
To Do Business in Florida

10/05/1995

5. FEI Number

59-3340240

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

Louis E. Vogt

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

495 N. Keller Road

Suite, Apt. #, Etc.

Suite 301

City

Maitland

State

FL

Zip Code

32751

☒ 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

*Louis E. Vogt*

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
P/D	Louis E. Vogt	495 N. Keller Road, Suite 301	Maitland, FL 32751
V/D	Scott Zimmerman	495 N. Keller Road, Suite 301	Maitland, FL 32751

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05/07/08 01043 016 \*\*300.00

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: *X*

*Louis E. Vogt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louis E. Vogt

4/11/08

Date

407-478-1290

Daytime Phone #