

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY 28 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P960 000 17730

1. Corporation Name

The Cable Alternative 2001, Inc.

2. Principal Office Address
5880 99th Ave. North

Suite, Apt. #, etc.

City & State
Pinellas Park, FL

Zip Country
33710 US

3. Mailing Office Address
5880 99th Ave. North

Suite, Apt. #, etc.

City & State
Pinellas Park, FL

Zip Country
33710 US

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/26/1996

5. FEI Number
593358587

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
Michael C. Addison

Street Address (P.O. Box Number is Not Acceptable)
400 N. Tampa St.

Suite, Apt. #, Etc.
Suite 1100

City
Tampa

State Zip Code
FL 33602

200037426972

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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

Michael C Addison

REGISTERED AGENT MUST SIGN

Date 5/19/2004

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
PD	Carol Gagne	5880 99th Ave. North	Pinellas Park, FL 33710 33782

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:

Carol Gagne CAROLE GAGNE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRES

5/19/2004

Date

727-541-7264

Daytime Phone #