

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

*File*

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

01 FEB 14 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000028759  
1. Corporation Name CABLE OPTIONS INC

2. Principal Office Address

10801-SE 146 Terrace Rd

Suite, Apt. #, etc.

City & State

Oklawaha FL

Zip

32179

Country

MARION

3. Mailing Office Address

Box 2009

Suite, Apt. #, etc.

City & State

Silver Springs FL

Zip

34489

Country

MARION

600003784096--8

-02/27/01--01149--017

\*\*\*1208.75 \*\*\*1208.75

4. Date Incorporated or Qualified  
To Do Business in Florida

03-26-1996

5. FEI Number

59-3367158

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

DENIS MATWYCHUK

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

10801-SE 146 Terrace Rd

Suite, Apt. #, Etc.

City

Oklawaha

State  
**FL**

Zip Code

32179

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

*Denis Matwychuk*

REGISTERED AGENT MUST SIGN

Date 2-14-01

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

Pres DENIS MATWYCHUK

10801-SE 146 Terrace Rd

Oklawaha FL 32179

**REINSTATEMENT**

98-01

*[Signature]*

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:

*Denis Matwychuk*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-01

Date

352-895-7087

Daytime Phone #

CR2E081 (9/00)

03/2/02

I Dennis W. Stalych President of  
Cable Options Inc. incorporated on  
11-14-2000 does not intend to  
revoke dissolution filed on 2-14-01

Dennis W. Stalych

Florida Drivers license # M322-175-52-422-0



Judy Eure  
MY COMMISSION # CC702549 EXPIRES  
January 26, 2002  
BONDED THRU TROY FAIN INSURANCE, INC.

Judy Eure