

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

00 MAY 10 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION

1999-2000

UBR



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000036328

1. Corporation Name

GETV, INC.

2. Principal Office Address

3848 FAU BLVD

Suite, Apt. #, etc.

#100

City & State

BOCA RATON, FL

Zip

33431

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

4/26/96

5. FEI Number

65-0711297

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

RONALD P. GODFREY

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

7340 NE 8TH CT

Suite, Apt. #, Etc.

200003286502-2

-05/13/00--01027--007

***300.00 ***300.00

City

Boca Raton

State

FL

Zip Code

33487

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

[Signature]

Date 5/5/00

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.	RONALD P. GODFREY	7340 NE 8TH CT	Boca Raton, FL 33487

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]* RONALD P. GODFREY 5/5/00 561-368-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR200 11 (9/1/99)



TV Interactive*

3848 Florida Atlantic Blvd.

Boca Raton, Florida 33431

phone: 561.368.2300

fax: 561.368.1433

2 of 2

May 5, 2000

Florida Department of State
Div. of Corporations
PO Box 6327
Tallahassee

RE: GETV, Inc.

To whom it may concern:

I recently contacted your office and was told to submit this reinstatement form together with \$300.

We moved our offices from Fort Lauderdale to Boca Raton and never received the forms for renewal

If you have any questions, give me a call.

Sincerely,

Ronald P. Godfrey

RECEIVED
DIVISION OF CORPORATIONS
MAY 10 2000