

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PA 600006003

1. Corporation Name

CABLE 1, INC.

Principal Place of Business

Mailing Address

246 Hidden Pines DR.
Panama City Bch. FL 32408

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3391663

6. CERTIFICATE OF STATUS DESIRED ☐ ☒

7-16-96

Applied For

Not Applicable

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<u>President</u>	<u>STEVEN L. Burchfield</u>	<u>246 Hidden Pines Drive</u>	<u>Panama City Beach, FL 32408</u>
<u>Vice President</u>	<u>Carol M. Burchfield</u>	<u>246 Hidden Pines Drive</u>	<u>Panama City Beach, FL 32408</u>

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****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STEVEN L. Burchfield
246 Hidden Pines Drive
Panama City Beach, FL
32408

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Steven L. Burchfield

REGISTERED AGENT MUST SIGN

Date

12-17-99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Steven L. Burchfield Steven L. Burchfield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-17-99

Daytime Phone #

850-234-5751

FILED

99 DEC 21 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

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