

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

DOCUMENT # **P96000068843(7)**

1. Corporation Name

FLORIDA CABLE NETWORK, INC.

Principal Place of Business

Mailing Address

**6785 S.W. 105 CT.; 6785 S.W. 105 CT.;
MIAMI-FL.-33173 MIAMI-FL.-33173**

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

SAME AS ABOVE.

SAME AS ABOVE.

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

8/15/1996

5. FEI Number

65-0690583

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ SE 75: A fee of \$100 is required for a Certificate of Status.

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
PRG5. SECRET.	MENENDEZ SAUL B.	6785 S.W. 105 CT.;	MIAMI-FL.-33173

**800002988098-8
-09/15/99-01077-008
***1050.00 ***1050.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**MENENDEZ SAUL B.
6785 S.W. 105 CT.;
MIAMI-FL.-33173**

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

9/1/99.-

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAUL B. MENENDEZ

9/1/99-(305)321-0620

Date

Daytime Phone #

CR2001 (12/98)