			er e	
PLEASE READ AL	LL INSTRUCTIONS FLORIDA DEPARTMEN Sandra B. Mor Secretary of S	IT OF STATE	ALLO PJ 190	2
CONTRACTOR OF THE PROPERTY OF	DIVISION OF CORPOR		98 FEB 26 PM 1: 44	
DOCUMENT # P96000069680 1. Corporation Name INTERCITY T.V. AND V.C.R. SERVICE, INC.			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
	7	1-76		
Principal Place of Business 10385 W SAMPLE RD CORAL SPRINGS FL 33065	Mailing Address 10965 W SAMPLE RD CORAL SPRINGS FL 33065	AR		
If above addresses are incorrect in any way, line throug 2. New Principal Office Address, if Applicable	gh incorrect information and enter of 3. New Mailing Office Address, if a		Date Incorporated or Qualified	
6714 NStatera 1		tela.7	To Do Business in Florida 08/19/1996	
Coconut Creek FI	Oxionot Creek	5	i. FEI Number Applied For Not Applied For	1
	20073 Coupt	5/-	CERTIFICATE OF STATUS DESIREO S8.75 Additional Fee requirements for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or	Director (Florida nonprofit corpora		3 directors)	
Title(s) 1 Name of Officers and/or Directors		et Address of Each cer and/or Director e Post Office Box Num	obers) 4 City / State / Zip	
D Mauri, AL	12234	SW 1 St	- coval springs, 330	1/2
			1000024452913 -03/03/9801045006 *****315.00 ****315.00	
			7/000/10	
8. Name and Address of Current Registered Agent Name			. Name and Address of New Registered Agent	\exists
MAURI, ALBERTO 12284 SW 1ST ST CORAL SPRINGS FL 33071		Street Address (P.O. Box Number is Not Acceptable) Sulte, Apt. #, Etc.		
	- ¬	City	State Zip Code	-
10. I, being appointed the registered spent of the above	named corporation, am familiar wit	h and accept the obliga	FL	
Signature of Registered Agent REGI	AL MAJALI STERED AGENT MUST SIGN		Date	_
11. This corporation owes or has Intangible Personal Property		Yes 🔼 N	(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 filling 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 PRINT	TO NAME OF SIGNING OFFICER OR I	DIRECTOR	2/3/98 Date Daylime Phone #	

Property of the second

February 2, 1998

Florida Department of State Sandra B. Mortham Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: Intercity TV and VCR Service Inc. 6714 N State Road 7 Coconut Creek, FI 33073-4332

Dear Sir:

As per telephone conversation with your office, I am outlining the details of our situation.

I just received the Notice of Administrative Dissolution of my Corporation. It appears that when we moved locations all my mail was not forwarded. I did not receive notice that your office had not received my corrected Annual Report and check. I am enclosing a copy of the report that we filed back in April 1997 and have issued another check seeing that my original check must have gotten lost in the mail.

I am also enclosing a check for this years filing fee, as per your office's instructions.

I ask that you reinstate my corporation and put us back in good standing

If you need any additional information, please do not hesitate to contact me.

Sincerely,

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