

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

00 NOV 15 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P97000077146**

1. Corporation Name

Cable Network, Inc.

2. Principal Office Address

2270 NW 30th Place

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33069

Country

Broward

3. Mailing Office Address

2270 NW 30th Place

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33069

Country

Broward

REINSTATEMENT

99-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

09/05/1997

5. FEI Number

65-0779954

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code
32301

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

Deborah D. Skipper

Deborah D. Skipper
as its agent

Date **11-15-00**

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
PD	Ernesto M. Occhionero	2270 NW 30th Place	Pompano Beach, FL 33069
S	Jeanne Perretty	2270 NW 30th Place	Pompano Beach, FL 33069

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

11/14/00

(954) 977-8900

Date

Daytime Phone #

CR2E081 (9/99)