

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 05 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600041607396
10/05/04--01051--002 **458.75

DOCUMENT # p97000077865

1. Corporation Name
CABLECOX, INC.

2. Principal Office Address
1470 NW 107 AVE.

Suite, Apt. #, etc.
UNIT N.

City & State
MIAMI, FL

Zip Country
33172

3. Mailing Office Address
1470 NW 107 AVE.

Suite, Apt. #, etc.
UNIT N.

City & State
MIAMI, FL

Zip Country
33172

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-0780306

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
BRANDT, HILLAR

Street Address (P.O. Box Number is Not Acceptable)
1470 NW 107 AVE.

Suite, Apt. #, Etc.
UNIT N.

City
MIAMI

State Zip Code
FL 33172

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

Date 09/28/2004

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
PSD	BRANDT, HILLAR	1470 NW 107 AVE. UNIT N.	MIAMI, FL 33172
V	SANCHEZ, JOSE A.	1470 NW 107 AVE. UNIT N.	MIAMI, FL 33172

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

09/28/2004

Date

305 594 9707

Daytime Phone #

CR2001 (01/04)

ps 2 92

CABLECOX, INC.
1470 NW 107 Ave
Unit N.
Miami, FL 33172
Tel. (305)594-9707

September 28, 2004

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATION

RE: CABLECOX, INC.
DOCUMENT #: P97000077865

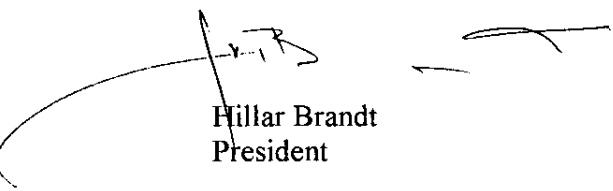
To whom it may concern:

We moved during 2001 and we never received any notice of Uniform Business Reports and for this reason we were not able to send this report on time. Please waive any penalties because we were not aware of this report.

Attached you will find our 2004 Reinstatement and a check for \$458.75 to pay ANNUAL REPORTS of 2002, 2003 and 2004.

Any questions or concerns feel free to contact us.

Sincerely Yours,



Hillar Brandt
President