

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000092099**

1. Corporation Name

NATIONAL Cable, INC.

2. Principal Office Address

464 Westerfield Dr

Suite, Apt. #, etc.

City & State

Westerfield OH

Zip

43082

Country

USA

3. Mailing Office Address

464 Westerfield Dr.

Suite, Apt. #, etc.

City & State

Westerfield OH

Zip

43082

Country

USA

REINSTATEMENT

01-05

T. Roberts SEP 30 2005
CR2E081 (8/05)

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

OCT 27, 1997

5. FEI Number

65-0802823

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

STEVEN MCWORTHY

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

7650 CC CAUSEWAY

Suite, Apt. #, Etc.

1170

City

TAMPA

State

FL

Zip Code

33607

000060206480

10/04/05--01027--018 **1350.00

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

Steven McWorthy

REGISTERED AGENT MUST SIGN

Date

SEPTEMBER 9, 2005

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
P.D.S	JACK WILSON, JR	464 WESTERFIELD DR	WESTERFIELD, OH 43082

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:

Jack Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/11/05

Daytime Phone #

216-539-0320