

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 99-07

CR2E081 (1/07)

DOCUMENT # **P98000037663**

1. Corporation Name
Skyline Digital Cable, Inc.

2. Principal Office Address - No P.O. Box # 4235 Sunbeam Rd. Suite, Apt. #, etc. NA		3. Mailing Office Address Same Suite, Apt. #, etc. NA	
City & State Jacksonville		City & State Same	
Zip 32257	Country Duval	Zip Same	Country Same

4. Date Incorporated or Qualified To Do Business in Florida **April 27, 1998**

5. FEI Number **59-3507029** 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 **Johnny R. Crews Jr.**

Street Address (P.O. Box Number is Not Acceptable)
4235 Sunbeam Rd.

Suite, Apt. #, Etc.
NA

City **Jacksonville** State **FL** Zip Code **32257**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *Johnny R. Crews Jr.* Date **March 26, 2007**
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
Pres.	Johnny R. Crews Jr.	12745 Plummer Grant Rd.	Jacksonville, FL 32258
T	Johnny R. Crews Jr.	Same	''
S	Johnny R. Crews Jr.	Same	''
	PRYLS		

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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 contained in Chapter 119, 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: *Johnny R. Crews Jr.* Date **March 26, 2007** (904)733-3474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #