

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR 28 AM 10: 27

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

City & State

Jacksonville

Zip

32257 Duval

Country

3. Mailing Office Address

Same

Suite, Apt. #, etc.

NA

City & State

Same

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.
REGISTERED AGENT MUST SIGN

Date **March 26, 2007**

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	"
	PRY/B		

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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.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 26, 2007

Date

Daytime Phone #

(904) 733-3474