

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State

DIVISION OF CORPORATIONS

W08000005610

FILED

2008 MAR 17 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500116582885
01/31/08--01035--027 **1500.00

DOCUMENT #

1. Corporation Name

Community Television Development Corp

2. Principal Office Address - No P.O. Box #

8050 N. University Dr.

3. Mailing Office Address

8050 N. University Dr.

Suite, Apt. #, etc.

202

Suite, Apt. #, etc.

202

City & State

Tamarac Florida

City & State

Tamarac Florida

Zip

33321

Country

Zip

33321

Country

REINSTATEMENT

CR2E081 (1/07)

02-08

4. Date Incorporated or Qualified
To Do Business in Florida

10/05/1998

5. FEI Number
650868939

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

Erick L. Mathe

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

8050 N. University Dr.

Suite, Apt. #, Etc.

202

City

Tamarac

State

FL

Zip Code

33321

☐ 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

E. L. Mathe

REGISTERED AGENT MUST SIGN

Date 1/25/08
12/13/07

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	Daniel Fortunato	3450 N. Lake Blvd. #205	Lakepark, FL 33403

500116582885
03/17/08--01005--026 **150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel Fortunato

12/13/2007

Date

561 667 7622

Daytime Phone #