

APPLICATION
FOR
REINSTATEMENT



Katherine Harris,
Secretary of State

DIVISION OF CORPORATIONS

1. Corporation Name

KITV INVESTMENTS, INC.

Principal Place of Business

3901 ALCAZAR AVENUE
JACKSONVILLE, FL
32207-6001

Mailing Address

3901 ALCAZAR AVENUE
JACKSONVILLE, FL
32207-6001

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10.6.98

5. FEI Number

1	Applied For
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Not Applicable

6. **CERTIFICATE OF STATUS DESIRED** ☐ \$8.75 Additional Fee required for a Certificate of Status.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

[illegible]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHEFFIELD, J. HOWARD ESQ.
4209 BAYMEADOWS ROAD
SUITE 4
JACKSONVILLE, FL 32217

Name
VICTOR L. EPHROM
Street Address (P.O. Box Number is Not Acceptable)
3901 ALCABAR AVENUE
Suite, Apt. #, Etc.

City JACKSONVILLE

State	Zip Code
FL	32207-6001

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **10.18.99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on Intangible tax.)

12. 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 included 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

10.18.99 904.905.0064

Date _____

Daytime Phone ()

CR2E081 (12/98)

October 18, 1999

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

REF: KTV Investments, Inc.

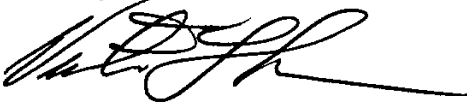
To whom it may concern:

As I am was not in receipt of the 1999 Corporate Annual Report/Return, I called your office after the anniversary date of the above referenced corporation (October 6, 1999). I was told by the telephone representative that the Corporation had been dissolved on September 24, 1999. The phone representative also told me that I should have received a notice during January, 1999. When I told him that I had not received such a notice, he told me that I could request a one-time waiver of penalty, and that if I wanted to pursue that alternative, I should write a letter requesting such a waiver and submit it with an application of reinstatement, and \$150.00.

Please let this letter serve as such request. I have enclosed the completed Application for Reinstatement mailed to me, along with a cashiers' check for \$150.00.

Please contact me during regular business hours with any questions you may have at (904) 905-0064. Thank you in advance for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Victor L. Ephrem", with a long horizontal flourish extending to the right.

Victor L. Ephrem
President, KTV Investments, Inc.