

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 APR 30 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 998000094534

1. Corporation Name

O & H CABLE SERVICES

2. Principal Office Address

2916 NW 55TH AVENUE

Suite, Apt. #, etc.

APT. 2-D

City & State

LAUDERHILL FLORIDA

Zip

33313

Country

BROWARD

3. Mailing Office Address

2916 NW 55TH AVENUE

Suite, Apt. #, etc.

APT. 2-D

City & State

LAUDERHILL FLORIDA

Zip

33313

Country

BROWARD

REINSTATEMENT

00-01

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

5. FEI Number

65-0875507

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

ORVILLE HANSON

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

2916 NW 55TH AVENUE

Suite, Apt. #, Etc.

APT. 2-D

City

LAUDERHILL

FLORIDA

State

FL

Zip Code

33313

60000427481E

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***900.00 ***900.00

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

Orville Hanson

Date 04-12-01

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

MGR.

ORVILLE HANSON

2916 NW 55th Avenue

Lauderhill FL 33313

LS

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:

Orville Hanson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 12.01

Date

Daytime Phone #

CR2E081 (9/00)