	PLEASE READ A	ALL INSTI	RUCTIONS	SEPORE C	OMPLETI	NG THIS FURIM.	
APF REIN	PLICATION OCRUP STATEMENT	[DEPARTMENT Katherine Harr Secretary of Sta SION OF CORPORA	r is ate		OI NOV -7 PURE	U FSTALE
DOCUMENT # P99000038487 1. Corporation Name						OI NOV -7 PM	1:46
STEVENS POINT WIRELESS CABLE TV CORPORATION							
Principal Place of Business 9357 NORTHEAST 163RD STREET MIAMI FL 22160		Mailing Address 2057-NONTHEAST-163RD-STREET- MIAMI FL 32160-					
	ncipal Office Address, If Applicable NE 149th Street	gh incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable 1951 NE 149 Street Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 04/28/1999 5. FEI Number Applied For			
City & State	Niami El	City & State	Miami (=1	5. PCHAGIIDE	65-0924448	Not Applicable
Zip 33	181 Country	Zip 3318		<u> </u>		OF STATUS DESIRED L. for a C	dditional Fee required Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must Name of Officers Street Address				ons must list at lea		-11/29/010109	<u>"55</u> 6018
Title(s) ²	2 and/or Directors	3 Officer and/or Director				**150.00	
CEO ROSEN, MEL			957 NE 103RD ST				
000	TAYLOR, ADA	1951 NE 14945 Street 3937 NE 163RD ST			N. MIRACH FL 33160	33160 •	
D	DEVILIN, DENNIS	3 957 NE 183RD ST			N. MIAMI BEACH FL 33160		
D -	HOUSEFIELD, SCOTT	39 57 NE 163RD S T			N. MIAMI BEACH FL-33160		
0	WINESTEIN, LARRY	SET NE 163RD ST			N. MIAMI BEACH FL 33160		
D	VAN DER LINDEN, NICKOLAS		1957 NE 163RD ST St .			N. MIAMI BEACH FL 89160	
8. Name and Address of Current Registered Agent Name					, 9. Name and A	Address of New Registered Agen	· /h///
LEFKOWITZ, ERIC 3957 NE 103RD-ST. NORTH MIAMI BEACH FL 33160-				Street Address (P.O. Box Number & Not Acceptable) 1951 NE 14946 Street Suite, Apt. #, Etc. City N. Miami Street Address (P.O. Box Number & Not Acceptable) Street + Street			
10. I, being	appointed the registered agent of the abo	ve named corpor	ration, am familiar with	 -		ion 607.05- QEF.S.	÷40,
Signature o Registered	of Agent	SICTURED AGE	ENT MUST SIGN			Date///	· -

11. 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 filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



November 6, 2001

Florida Department of State Katherine Harris, Secretary of State DIVISION OF CORPORATIONS P.O. Box 6327 Tallahassee, Florida 32314

REGARDING: Application for Reinstafement

To Whom It May Concern:

Pursua to conversation today with one of your officers, I am attaching this letter notifying you that we did not receive the previous notifications for Corporation Applications. We have experienced many difficulties within the last few months due to corporate downsizing and relocation as this may have contributed to problems with receiving our mail. We have a new address now, the difficulties have been corrected and we are progressing.

Therefore, as advised, we are sending the \$150 application fee with the application for reinstatement, attached.

Thank you for your cooperation.

Sincerel

Eric Le kowitz Registered Agent Sandy Goldman

President

New Registered Agent