

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV -7 PM 1:45

DOCUMENT # P99000038504

1. Corporation Name

WAUSAU-RHINELANDER WIRELESS CABLE TV CORPORATION

Principal Place of Business

Mailing Address

~~3057 NORTHEAST 103RD STREET~~
MIAMI FL ~~33100~~

~~3057 NORTHEAST 103RD STREET~~
MIAMI FL ~~33100~~



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

4. Date Incorporated or Qualified
To Do Business in Florida

04/28/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0924260

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City/State/Zip
CEO	ROSEN, MEL	1951 NE 149th St 3957 NE 103 St	N MIAMI BEACH FL 33100
D	Lefkowitz, Eric	1951 NE 149th St	N Miami FL 33181
GOO	TAYLOR, ADAM	3957 NE 103 St	N MIAMI BEACH FL 33100
D	DEVLIN, DENNIS	3957 NE 103 St	N MIAMI BEACH FL 33100
D	HOUSEFIELD, SCOTT	3957 NE 103 St	N MIAMI BEACH FL 33100
D	WEINSTEIN, LARRY	3957 NE 103 St	N MIAMI BEACH FL 33100
D	VAN DER LINDEN, NICKOLAS	1951 NE 149th St 3957 NE 103 St	N MIAMI BEACH FL 33181

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEFKOWITZ, ERIC
3057 NE 103 ST
N MIAMI BEACH FL 33100

Name

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

1951 NE 149th Street

Suite, Apt. #, Etc.

City

N. Miami

State

FL

Zip Code

33181

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

11/6/01

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/6/01

305-947-3010

CR2E040 (8/01)



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 Reinstatement

To Whom It May Concern:

Pursuant 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.

Sincerely,

A handwritten signature in black ink, appearing to read 'Eric Leikowitz'.

Eric Leikowitz
Registered Agent

A handwritten signature in black ink, appearing to read 'Sandy Goldman'.

Sandy Goldman
President
New Registered Agent