

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1996 OCT 31 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V09720**

1. Corporation Name

**NETWORK TELEVISION CONSULTANT, INC.**

Principal Place of Business

104 CRANDON BLVD.  
STE. 406  
KEY BISCAYNE FL 33149

Mailing Address

104 CRANDON BLVD.  
STE. 406  
KEY BISCAYNE FL 33149

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/27/1992

5. FEI Number

65-0309978

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P	VALERIUS, HERMAN	104 CRANDON BLVD., STE. 406	KEY BISCAYNE FL 33149
VP	CORDERO, SERGIO	104 CRANDON BLVD., STE. 406	KEY BISCAYNE FL 33149
			308881-998459-1
			-11/07/96--01013--018
			***375.00 ***375.00

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

FELU, R. DAVID  
230 BIRD ROAD  
STE. 302  
CORAL GABLES FL 33146

9. Name and Address of New Registered Agent

Name **ELLIOTT J. GELFAND**  
Street Address (P.O. Box Number is Not Acceptable)  
**9400 S. DIANE BLVD**  
Suite, Apt. #, Etc.  
**SUITE 100**  
City **MIAMI** State **FL** Zip Code **33156**

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

**SIGNATURE REQUIRED**  
**REGISTERED AGENT MUST SIGN**

Date **10/29/96**

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(f), 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**HERMAN VALERIUS** **PRESIDENT**

**10/29/96**

**305-361-5400**

Date Daytime Phone #