

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -8 AM 9:51

DOCUMENT # V09720

1. Corporation Name

NETWORK TELEVISION CONSULTANT, INC.

Principal Place of Business

Mailing Address

30 WEST MASHTA DRIVE
405
KEY BISCAYNE FL 33149
US

30 WEST MASHTA DRIVE
405
KEY BISCAYNE FL 33149
US

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,
in U.S. Business (if Florida)

01/27/1992

5. FEI Number

65-0308978

Applied For

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	VALERIUS, HERMAN	30 WEST MASHTA DRIVE, #405	KEY BISCAYNE FL DELETE
VP	CORDERO, SERGIO	30 WEST MASHTA DRIVE, #405	KEY BISCAYNE FL

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11/30/00--01095--012

****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GELFAND, ELLIOTT J
9400 S. DADELAND BLVD.
SUITE 100
MIAMI FL 33156

Name

ELLIOTT J. GELFAND

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

10691 N. Kendall Drive

Suite, Apt. #, Etc.

SUITE 311

City

MIAMI

State

FL

Zip Code

33176

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]

REGISTERED AGENT MUST SIGN

Date

11/3/2000

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

SERGIO CORDERO

Date

10/7/2000

Daytime Phone #

AD