

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 DEC 22 PM 2:59

DOCUMENT # P98000019346
 1. Corporation Name
TEC-COM NATIONWIDE CABLING CONTRACTORS INC.

Principal Place of Business Mailing Address
 7930 N.W. 39TH ST 7930 N.W. 39TH ST
 SUITE 23-299 SUITE 23-299
 MIAMI FL 33166 MIAMI FL 33166
8181 NW 36ST SUITE 8-E MIAMI, FL 33166



REINSTATEMENT *00*

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
8181 NW 36ST *8181 NW 36ST*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
8E *8E*
 City & State City & State
MIAMI, FL *MIAMI, FL*
 Zip Country Zip Country
33166 USA *33166 USA*

4. Date Incorporated or Qualified To Do Business in Florida **02/27/1998**
 5. FEI Number Applied For / Not Applicable
65-0858978
 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
P	VALDESUSO, CARLOS A	255 W 24 ST 3341	MIAMI BCH FL 33140
			900003514479--0 -12/27/00--01063--014 ***750.00 ***750.00

8. Name and Address of Current Registered Agent
VALDESUSO, CARLOS A
 255 W 24 ST
 #341
 MIAMI BCH FL 33140

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL _____

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 *Carlos Valdesuso* Date *12/8/2000*
 REGISTERED AGENT MUST SIGN

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: *Carlos Valdesuso* *12/8/2000* *786-42-7401*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/00)