2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # J19252 1. Entity Name FORD WIRE AND CABLE CORPORATION					FILED 2006 OCT -9 PH 1: 48				
Principal Place of Business P.O. BOX 1299 7756 130TH ST ROSELAND, FL 32957		Mailing Address P.O. BOX 1299 7756 130TH ST ROSELAND, FL 32957				SEC! TALL	RETARY OF AHASSEE.	FSTATE FLORID#	
		3. Mailing Address							
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State			10052006	REIN-P	CR2E	098 (11/05)	-1' p ^m
					4. FEI Numbe 59-268			No	plied For t Applicable
	Country	Zip	Country		5. Certificate			\$8.75 Add Fee Require	litional d
	6. Name and Address of Current R	legistered Agent	Name		7. Name and	Address of	New Registered	i Agent	
FORD, WI 8515 WAC VERO BE			Street Address (P.O. Box Number is Not Acceptable)						
	, ,								
			City				F	L Zip Code	e
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE William S. Ford Detable (NOTE: Registered Agent algorithm required when reinstiting) DATE									
	.E NOW!!! FEE IS \$150.00 wary 1, 2007, Fee will be \$300.00				In accorda corporatio	ance with s. 60 n did not recei	7.193(2)(b), ve the prior r	F.S., the notice.	
10.	OFFICERS AND E		11.			CHANGES TO	O OFFICERS AN	ID DIRECTORS	3 IN 11
NAME STREET ADDRESS CITY-ST-ZIP	DP FORD, WILLIAM S. P.O. BOX 690145 VERO BEACH, FL 32969	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEC WIII P.O.	BOX 690	Fora 145 4 El	32969	⊠ Change ~ <i>⊙ 1 4 _ 3</i>	Addition Addition
TITLE	DST	☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS	FORD, CHARLOTTE T. P.O. BOX 690145		NAME STREET ADDRESS				80635 104500		L 00
CITY-ST-ZIP TITLE	VERO BEACH, FL 32969 DV		CITY-ST-ZIP				4 m 1 m m m m		<u></u>
NAME STREET ADDRESS CITY-ST-ZIP	FORD, STEPHEN J. PO BOX 1296 ROSELAND, FL 32957	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP					Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FORD, DALE W. P.O. BOX 54 ROSELAND, FL 32957	☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP					☐ Change	Addition :
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Laur 197: Oaln	ident ie Fl 5 Dixie u Bay	Russel Hwy M	buro 1E #203 32905	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP 12. hereby c	certify that the information supplied with to	☐ Delete This filling does not qualify for	TITLE NAME STREET ADDRESS CITY-ST-ZIP the exemptions c	ontained i	iri Chapter 119,	Florida Statu	ates. I further ce	Change	Addition

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _//

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EO Stober 200

Daytime Phone #

1100