

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # J19252**

1. Entity Name  
**FORD WIRE AND CABLE CORPORATION**



FILED

2006 OCT -9 PM 1:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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10052006 REIN-P CR2E098 (11/05)

4. FEI Number <b>59-2682983</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

FORD, WILLIAM S.  
8515 WACO WAY  
VERO BEACH, FL 32962

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
  
City **FL** Zip Code

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 William S. Ford 5 October 2006  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2007, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	DP FORD, WILLIAM S.	<input type="checkbox"/>
NAME	FORD, WILLIAM S.	
STREET ADDRESS	P.O. BOX 690145	
CITY-ST-ZIP	VERO BEACH, FL 32969	
TITLE	DST FORD, CHARLOTTE T.	<input type="checkbox"/>
NAME	FORD, CHARLOTTE T.	
STREET ADDRESS	P.O. BOX 690145	
CITY-ST-ZIP	VERO BEACH, FL 32969	
TITLE	DV FORD, STEPHEN J.	<input type="checkbox"/>
NAME	FORD, STEPHEN J.	
STREET ADDRESS	PO BOX 1296	
CITY-ST-ZIP	ROSELAND, FL 32957	
TITLE	DV FORD, DALE W.	<input type="checkbox"/>
NAME	FORD, DALE W.	
STREET ADDRESS	P.O. BOX 54	
CITY-ST-ZIP	ROSELAND, FL 32957	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	CEO William S. Ford	<input checked="" type="checkbox"/>
NAME	William S. Ford	
STREET ADDRESS	P.O. Box 690145	
CITY-ST-ZIP	VERO BEACH, FL 32969-0145	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President Laurie F Russelburg	<input checked="" type="checkbox"/>
NAME	Laurie F Russelburg	
STREET ADDRESS	4975 Dixie Hwy NE #003	
CITY-ST-ZIP	Palm Bay, FL 32905	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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: William S. Ford CEO 5 October 2006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

01102