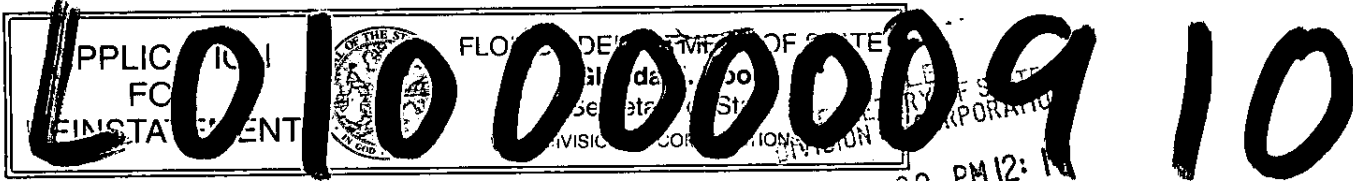


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



1. DOCUMENT # L01000000910

Name and Mailing Address

0015095 01 AB 0.301 **AUTO T6 2 0615 34452-752934



LED CABLE SERVICES LLC
4334 S. LITTLE AL. PT.
INVERNESS FL 34452-7529



REINSTATEMENT 2003

| | | | |
|--|--|--|---|
| 2. New Mailing Address | | 4. State/Country of Formation FL | |
| City, State, Zip | | 5. Date Organized or Qualified To Do Business in Florida 01/18/2001 | |
| Principal Place of Business 4334 S. LITTLE AL. PT. INVERNESS FL 34452-7529 | 3. New Principal Place of Business Address City, State, Zip | 6. FEI Number 65-1073597 | Applied For Not Applicable |
| | | 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | \$5.00 Additional Fee required for a Certificate of Status |

| | |
|--|--|
| 8. Name and Address of Current Registered Agent STANLEY, CHRISTINE M 4334 S. LITTLE AL. PT. INVERNESS FL 34452-7529 | 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 600025813406 12/29/03--01050--013 **150.00 City FL Zip Code |
|--|--|

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Christine M Stanley
REGISTERED AGENT MUST SIGN

Date 11-30-03

| | | | |
|--|-----------------------------------|--|--------------------|
| 11. Names and Street Addresses of Each Managing Member/Manager | | | |
| Title(s) | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
| MGRM | STANLY, CHRISTINE M | 4339 S LITTLE AL PT | INVERNES FL 34482 |
| REINSTATEMENT 2003 | | | |

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

Christine M Stanley

Date 11-30-03 Daytime Phone # 3526374387

Typed or printed name of signing Managing Member/Manager