

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **P00000006417**

1. Corporation Name

WOODRING CABLE SERVICES, INC.

Principal Place of Business

Mailing Address

2135 ARIELLE DR. #2410
 NAPLES FL 34109

2135 ARIELLE DR. #2410
 NAPLES FL 34109

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
~~4945 Westchester Court~~
 Suite, Apt. #, etc.
~~# 4404~~

3. New Mailing Office Address, If Applicable
 1185 8th STREET S.
 Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

01/12/2000

City & State
~~NAPLES FL~~

City & State
 NAPLES FL

5. FEI Number
~~59-3625373~~

Applied For

Not Applicable

Zip
~~34105~~

Country
~~USA~~
 COLLIER

Zip
 34102

Country
 USA
 COLLIER

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	WOODRING, MICHAEL S	2135 ARIELLE DR. #2410 4945 WESTCHESTER CT # 4404	NAPLES FL 34109 34105
			300004676993--8 -11/13/01--01078--001 ****750.00 ****750.00
			REINSTATEMENT 01

8. Name and Address of Current Registered Agent

WOODRING, MICHAEL S
 2135 ARIELLE DR. #2410
 NAPLES FL 34109

9. Name and Address of New Registered Agent

Name
~~FOSTER ACCOUNTING PA~~
 Street Address (P.O. Box Number is Not Acceptable)
 1185 8th STREET S.
 Suite, Apt. #, Etc.
 City
 NAPLES
 State
 FL
 Zip Code
 34102

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

10-22-01

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:

Michael S. Woodring

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
 01 OCT 25 PM 2:23
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CR06040 (8/01)