


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000006417		
1. Entity Name WOODRING CABLE SERVICES, INC.		

FILED

04 OCT 25 AM 10: 29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 4945 WESTCHESTER COURT #4404 NAPLES, FL 34105	Mailing Address 4100 CORPORATE SO 150 NAPLES, FL 34104 US
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2. Principal Place of Business 4945 Westchester Ct Suite, Apt. #, etc. 4404 City & State Naples Fla. Zip 34105	Country US	3. Mailing Address 1008 Goodlette Rd Suite, Apt. #, etc. 201 City & State Naples FL Zip 34102- Country US
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10212004 REIN-P CR2E098 (6/04)

4. FEI Number 59-3625373	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FOSTH ACCOUNTING, P.A. 1008 GOODLETTE RD. #201 SUITE 150 NAPLES, FL 34102	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODRING, MICHAEL S 4945 WESTCHESTER COURT, #4404 NAPLES, FL 34105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100042161891 10/25/04--01074--024 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Michael S. Woodring 10-21-04 239 280 6821  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #