PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P00000017413**

1. Corporation Name

TECHNOCABLE WIRING SPECIALIST, INC.

Principal Place of Business

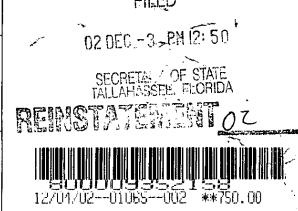
SIGNATURE:

Mailing Address

513 MAJORCA AVENUE ALTAMONTE SPRINGS FL 32714 513 MAJORCA AVENUE

ALTAMONTE SPRINGS FL 32714

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



If above addresses are incorrect in any way, line through incorrect information and enter correction below.								
-2. New Principal Office Address, If Applicable					4. Date Incorporated or Qualified To Do Business in Florida			
5/3 / Suite, Apt. (Mazorca Ave. #, etc.	Suite, Apt. #,	etc.			U ₂	2/09/2000	
Altam	onte Springs-FL	N	Λ / I	1	5. FEI Numbe		Applied For	
City & State	. 7	City & State) [-	7		59-3628062	Not Applicable	
Zip Country Zip U.S.A.			Country 6. CERTIFICAT		E OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
	and Street Addresses of Each Officer and	or Director (Flo	rida nonprofit cor	porations must list at le	east 3 directors)			
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
D	SILVA, HUMBERTO		513 MAJORCA AVENUE			ALTAMONTE SPRINGS FL 32714		
D	SILVA, ALINE	513 MAJORCA AVENUE		ALTAMONTE SPRINGS FL 32714				
			** **** ** **** * **** * * * * * * *					
		Dowletoway's ra			OTMoney and	Address of New Peristant	Acont	
8. Name and Address of Current Registered Agent Name					9. Name and Address of New Registered Agent			
SILVA, ALINE 513 MAJORCA AVENUE					Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			
				Street Address (
				Suite, Apt. #, Etc				
ALIAMONIE SI IMPOSTE SEI 14)				
				City	FL			
10. I, being	appointed the registered agent of the abo	ove named corpo	ration, am tamili	ar with and accept the o	obligations of Secti	ion 607.0505, F.S. or 617.050	5, F.S.	
	18/11	111						
Signature of Require of Period Agent 11-25-02								
Signature of Registered	Agent	19202				Date 11-25	-02	
	RI	SOISTERED AG	ENT MUST SIGN	1)		·		
11. I certify that I am an officer or director or the receiver or trustee empowered to execute his 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.								
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