

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

**513 MAJORCA AVENUE
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**513 MAJORCA AVENUE
ALTAMONTE SPRINGS FL 32714**

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

2. New Principal Office Address, If Applicable

513 Majorca Ave.

Suite, Apt. #, etc.

Altamonte Springs - FL

City & State

Zip

32714

Country

U.S.A.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/09/2000

5. FEI Number

59-3628062

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SILVA, HUMBERTO	513 MAJORCA AVENUE	ALTAMONTE SPRINGS FL 32714
D	SILVA, ALINE	513 MAJORCA AVENUE	ALTAMONTE SPRINGS FL 32714

8. Name and Address of Current Registered Agent

**SILVA, ALINE
513 MAJORCA AVENUE
ALTAMONTE SPRINGS FL 32714**

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **11-25-02**

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:

SIGNATURE REQUIRED
Humberto M. Silva
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-25-02 - (937) 414-9000

CR20040 (8/02)