

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

P3 1 82

FILED  
APR 29 PM 4:03  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P01000058928

1. Corporation Name  
**WIRE BOX CORP.**

W04-13506

2. Principal Office Address  
**5298 CHISWICK CIRCLE**

3. Mailing Office Address  
**Same AS #2**

4. Date Incorporated or Qualified To Do Business in Florida **02/23/2000**

5. FEI Number **451116521** Applied For ☐ Not Applicable ☒

6. CERTIFICATE OF STATUS DESIRED ☐ **400030321134**  
03/12/04--01004--001 \*\*300.00

7. Name and Address of Current Registered Agent

Name  
**Luis Garcia**

Street Address (P.O. Box Number is Not Acceptable)  
**5296 Chiswick Circle**

City  
**Orlando**

State  
**FL**

Zip Code  
**32812**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of Registered Agent **Luis E Garcia** Date **3/1/04**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Luis Garcia	5298 Chiswick Circle	Orlando, Florida 32812
VPD	Michelle Sanchez de Garcia	5296 Chiswick Circle	Orlando, Florida 32812

10. 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)(b), 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: **Luis E Garcia** Date **3/1/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TR

Mary E. Prados, C.P.A., P.A.

13 2 82

March 4, 2004

Division of Corporations  
Annual Report/ Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Re: WIRE BOX CORP.  
P01000058926

Dear Sir:

As per telephone conversation, I was advised from your office to write this letter with an explanation regarding this Corporation.


My clients have recently found out that Wire Box Corporation was inactive since 10/04/02 and is dissolved. Please note that they have not received any notification or any correspondence with regards to the Annual Business Reports and they were not informed of this matter. My clients were outside of Florida for several months. They were back and forth in and out of the country. At that time, they had hired an accountant who would receive all correspondence pertaining to the company, this correspondence was being forwarded to him and he was supposed to take care of all matters. My clients at this point relied on the professional they hired to take care of their business but it was not done correctly.

I would appreciate if you review this letter and take into consideration that my clients did not know that their corporation had been dissolved. Because of this fact, that it was dissolved, they never received any UBR forms which are sent annually for renewal. They were complete in the dark.

Due to the above, we respectfully request you waive the penalties and reinstate the corporation. Enclosed is a check in the amount of \$300.00 to cover the past two years annual fees. Also, enclosed is an updated UBR Form for 2003.

Thank you in advance for your assistance it will be very much appreciated.

Yours sincerely,



Mary E. Prados, C.P.A., P.A.

cc: Luis & Michelle Garcia