

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 27 PM 3:06

DOCUMENT # P01000096868

1. Corporation Name

All Cable Consulting, inc.

2. Principal Office Address

2141 University Drive

Suite, Apt. #, etc.

#207

City & State

Coral Springs, FL

Zip

33071

Country

USA

3. Mailing Office Address

2141 University Drive

Suite, Apt. #, etc.

#207

City & State

Coral Springs, FL

Zip

33071

Country

USA

REINSTATEMENT 03-05
01/27/03 90217 029 150.00

4. Date Incorporated or Qualified
To Do Business in Florida

10-4-2001

5. FEI Number

65-1147884-

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Abraham Gross

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

2141 University Dr.

Suite, Apt. #, Etc.

207

City

Coral Springs, FL

State

FL

Zip Code

33071

380044039913
01/05/05--01010--003 **150.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date 12.30.04

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
PVT	Abraham J. Gross	2141 University Dr. #207 Coral Springs, FL. 33071	Coral Springs, FL. 33071

900045964599
02/03/05--01010--004 **150.00

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12.30.04

Date

Daytime Phone #

CR2E081 (01/04)



2012

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FL Department of State
Division Of Corporation
Uniform Business Report Filings
PO Box 6327
Tallahassee, FL 32314

December 30, 2004

Re: UBR Reporting for P01000096868

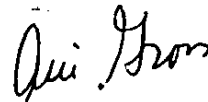
Dear Sir or Madam,

I recently spoke with the reinstallment section about Document Number P01000096868. I am writing this letter because I believe that I did not receive a reject correspondence. The address on file is different then my present address.

Kindly wave the penalty and accept my check for the original filing dues of \$150.00

Should you need further information, please contact me at your earliest convenience.

Sincerely,



December 30, 2004

Abraham J. Gross
Allcable Consulting, Inc – President