

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 13 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000037543

1. Corporation Name

SOUTHEAST WIRING SOLUTIONS INC.

2. Principal Office Address

8427 MILANO DR, Suite 1515

Suite, Apt. #, etc.

1515

City & State

ORLANDO, FL

Zip

32810

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4/5/2002

5. FEI Number

04-3636387

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$4.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 08-24
TL

7. Name and Address of Current Registered Agent

Name

LAMB, WILLIAM C

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

8427 MILANO DR

Suite, Apt. #, Etc.

1515

City

ORLANDO

State

FL

Zip Code

32810

000037292820

05/25/04--01052--010 **300.00

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

William C Lamb

REGISTERED AGENT MUST SIGN

Date **5/10/2004**

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
DP	LAMB, WILLAM C	8427 MILANO DR #1515	ORLANDO, FL 32810
DVP	LAMB, BRIAN	8427 MILANO DR	ORLANDO, FL 32810

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:

William C Lamb

PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/2004

Date

(407) 895-5933

Daytime Phone #

Robinson and Robinson Inc.

MAY 10, 2004


FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

To Whom It May Concern,

This letter is to inform you that SOUTHEAST WIRING SOLUTIONS INC. , has relocated. The named Corporation did not receive a Annual Corporate Reports, for the year (2003). Due to these circumstances we are asking that you abate the reinstatement fees. The payment of \$300.00 is enclosed for 2003 and 2004. If there are any questions you can contact me at (407) 895-5933. Document # P02000037543

Your consideration concerning this matter is greatly appreciated.

Cordially yours,



Maurice Robinson