


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS

FILED

04 JAN -5 AM 10:31

DOCUMENT # **P02000054780**

1. Corporation Name

FRANCIS TELECOM CABLE WIRING, INC.

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 07



900026024169
01/05/04--01059--013 **150.00

Principal Place of Business

6813 LIMPIN DR
ORLANDO FL 32810

Mailing Address

6813 LIMPIN DR
ORLANDO FL 32810

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

1970 ORCHARD PK DR

City & State

OCOOEE FL

Zip

34761

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

1970 ORCHARD PK DR

City & State

OCOOEE FL

Zip

34761

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/15/2002

5. FEI Number

04-3661577

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
PV	FRANCIS, RAFAEL A	6813 LIMPIN DR	ORLANDO FL 32810
ST	FRANCIS, RITA	6813 LIMPIN DR	ORLANDO FL 32810

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FRANCIS, RAFAEL A
~~6813 LIMPIN DR~~
ORLANDO FL 32810

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



REGISTERED AGENT MUST SIGN

Date DEC 28, 03

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:

 **FRANCIS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

DEC 28, 03

Daytime Phone #

CR2E040 (7/03)

Francis Telecom Cable Wiring, Inc.

1970 Orchard Park Drive

Ocoee, Florida 34761

Document#02000054780

12/28/03

Florida Department Of State
Division Of Corporations
Post Office Box 6327
Tallahassee, Florida 32314-6327

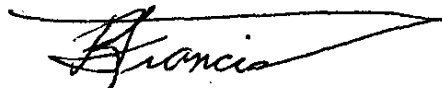
To whom it may concern:

Please be advised that I did not receive the uniform business report (UBR) prior to receiving this notice of Administrative Dissolution or Revocation.

Enclosed you will find the completed reinstatement application, and a check to cover the filing fee. As mention the reinstatement fee will be waived and is not included.

Please note the address has change as of June 2003.
Please contact me if necessary at 407-765-7152.

Kind regards,



Rafael Francis
Enc