

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000104709

Entity Name: LAYER ONE CABLING INC.

FILED
Sep 22, 2005
Secretary of State

Current Principal Place of Business:

446 HOMER AVE
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

446 HOMER AVE
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 41-2117904

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORNINGSTAR, NANCY F MRS.
446 HOMER AVE
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NANCY MORNINGSTAR

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MORNINGSTAR, WESLEY P MR.
Address: 446 HOMER AVE
City-St-Zip: LONGWOOD, FL 32750

Title: V () Delete
Name: MORNINGSTAR, NANCY F MRS.
Address: 446 HOMER AVE
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WESLEY MORNINGSTAR

P

09/22/2005

Electronic Signature of Signing Officer or Director

Date