## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P05000092263

FILED Sep 11, 2007 Secretary of State

Entity Name: WIRE CORP **Current Principal Place of Business: New Principal Place of Business:** 3820 TREE TOP DR WESTON, FL 33332 **Current Mailing Address: New Mailing Address:** 3820 TREE TOP DR WESTON, FL 33332 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHOLOBEL, MICHAEL 1925 BRICKELL AVE STE D-207 MIAMI, FL 33129 US 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: MICHAEL CHOLOBEL 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition SERRAO, JOSE SERRAO, JOSE Name: Name: 3820 TREE TOP DR 3820 TREE TOP DR Address: Address: City-St-Zip: WESTON, FL 33332 US City-St-Zip: WESTON, FL 33332 US Title: () Delete Title: VΡ ( ) Change (X) Addition Name: Name: MARIAGABRIELA, MAZZEI Address: Address: 3820 TREE TOP DR WESTON, FL 33332 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MARIAGABRIELA VP 09/11/2007