

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 DEC -5 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000145110

1. Corporation Name

ANOTHER WIRE GUY, INC.

300138509898
12/05/08--01019--009 **300.00

REINSTATEMENT
CR2E081 (10/08)

07-08

2. Principal Office Address - No P.O. Box #
16275 SW 88TH STREET

3. Mailing Office Address
16275 SW 88TH STREET

Suite, Apt. #, etc.
138

Suite, Apt. #, etc.
138

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip Country
33196 USA

Zip Country
33196 USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
20-5912046

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
MARK S. HARRIS

Street Address (P.O. Box Number is Not Acceptable)
16275 SW 88TH STREET.

Suite, Apt. #, Etc.
138

City
MIAMI

State Zip Code
FL 33196

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Mark Harris
REGISTERED AGENT MUST SIGN

Date 12/03/2008

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
Pres.	MARK S. HARRIS	16275 SW 88TH STREET	MIAMI, FL 33196

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 contained in Chapter 119, 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: Mark Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/3/08
Date

Daytime Phone #

12/5/08