


DUCKA 139

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 JAN 26 PM 4:08

DOCUMENT # P06000156302

1. Corporation Name

MASTER CABLE INSTALLER, Inc

600143346626  
02/11/09--01005--026 \*\*\*450.00


<b>2. Principal Office Address - No P.O. Box #</b> 382 COLONADE CT Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 382 COLONADE CT Suite, Apt. #, etc.	
City & State KISSIMMEE		City & State KISSIMMEE	
Zip 34758	Country OSCEOLA	Zip 34758	Country OSCEOLA

CR2E081 (12/08)


<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 12/20/2006	
<b>5. FEI Number</b> 20-8100327	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

<b>7. Name and Address of Current Registered Agent</b>		
Name JUAN DIEGO SORROCHE		
Street Address (P.O. Box Number is Not Acceptable) 382 COLONADE CT		
Suite, Apt. #, Etc.		
City KISSIMMEE	State FL	Zip Code 34758

☒ 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.

<b>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.</b>	
Signature of Registered Agent 	Date 1/20/09
REGISTERED AGENT MUST SIGN	

<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	JUAN DIEGO SORROCHE	382 COLONADE CT	KISSIMMEE FL 34758

<b>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.</b>			
SIGNATURE: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 1/20/09	Daytime Phone # 407-301-1338