PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION APPROVED** FOR96-9 Sandra B. Mortham AND Secretary of State REINSTATEMENT **DIVISION OF CORPORATIONS** DOCUMENT # 49500006115 1997 JUN 26 M 8: 37 All Cabling Solutions, INC. 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 476 Newhope Dr. 476 Newhope Dr. Altamonte Springs, FL. Altamonte Springs, FL. Altamonte Springs, FL. If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, Il Applicable 476 Newhope Drive 3. New Mailing Office Address, If Applicable 476 Newhope Drive Date Incorporated or Qualified To Do Business in Florida Suite, Apt. #, etc. Sulte, Apt. #, etc. 5. FEI Number Applied For City & State
Altamente Springs City & State Not Applicable Altamonte Springs \$8.75 Additional Fer required for a Certificate of Status Seminole CERTIFICATE OF STATUS DESIRED 32714 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Title(s) Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip 476 Newhope Drive of Athaneste Springs FL Altamonte. Springs. owner presidentmichael Harrison Florida 32714 600002227546<u>-</u>-9 -07/01/97--01045--012 \*\*\*\*915.00 \*\*\*\*915.08 5. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Micheal Harrison Street Address (P.O. Box Number is Not Acceptable) 476 Newhope Drive Alamonte Springs Fl. 32714 Suite, Apt. #, Etc. State - Zip Code 10. I, being appointed the registered agent of the above pamed corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 11.4Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. No 🔀 Yes L 12. I offility 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 filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 807.0401 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. 6-23-9 7 407-786-4185 ATURE AND TYPED UR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR