

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 23 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03



700024049377

10/23/03--01059--002 ***150.00

DOCUMENT # P95000061151

1. Corporation Name

ALL CABLING SOLUTIONS, INC.

Principal Place of Business

100 STARPORT WAY BLDG 4
BUILDING #4
SANFORD FL 32773

Mailing Address

100 STARPORT WAY BLDG 4
BUILDING #4
SANFORD FL 32773

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2773 Navigator Ave
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2773 Navigator Ave
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

08/07/1995

5. FEI Number

59-3326931

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

City & State
Sanford, FL

Zip
32773

Country
Seminoles

City & State
Sanford, FL

Zip
32773

Country
Seminoles

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	HARRISON, MICHAEL	100 STARPORT WAY BLDG 4	SANFORD FL 32773

8. Name and Address of Current Registered Agent

HARRISON, MICHAEL
100 STARPORT WAY BLDG 4
SANFORD FL 32773

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2773 Navigator Ave
Suite, Apt. #, Etc.

City

Sanford, FL

State

FL

Zip Code

32773

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Michael Harrison SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-15-03

11. 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 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.

SIGNATURE:

Michael Harrison SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-03 407
302-2210
Date Daytime Phone #

CR2040 (7/03)

All Cabling Solutions
2773 Navigator Avenue
Sanford, Fl 32773
407-302-2210

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee Fl 32314-6327

RE: Reinstatement of ALL Cabling Solutions

We moved our offices in December 2001 and consequently did not receive the proper notification or reinstatement papers. We have since taken the necessary action to receive the papers.

We have spoken with the Department and they stated there would be a \$150 reinstatement fee. We have included a check for this amount and request our company to be reinstated.

If there is any other information or materials that need to be filled out or processed, please contact us to notify us of these documents.

Thank you,

All Cabling Solutions
407-302-2210