

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN -2 AM 7:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000036656

1. Corporation Name

O.C. CABLING, INC.

2. Principal Office Address

3862 SW 144th Place

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33175

Country

U.S.A.

3. Mailing Office Address

3862 SW 144th Place

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33175

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

04-22-98

5. FEI Number

65-0840930

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

Mercedes Fernandez

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

3862 SW 144th Place

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33175

400009788054

01/02/03--01063--032 **1050.00

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

Mercedes Fernandez

REGISTERED AGENT MUST SIGN

Date 12-30-02

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
President	Oscar Luis Cruz	3862 SW 144 th Place	Miami, FL 33175

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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-30-02 (305)559-2179

Date

Daytime Phone #

CR2E081 (9/01)