

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAY -3 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

800005507498--5
-05/14/02--01001--015
****300.00 ****300.00

DOCUMENT # 410078

1. Corporation Name

AMFAK, INC

2. Principal Office Address

3160 SW 22 Street

Suite, Apt. #, etc.

3. Mailing Office Address

3160 SW 22 Street

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33145

Country

U.S.A.

Zip

33145

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

October 4, 1972

5. FEI Number

59-1426484

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

Edward J Caron

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

3160 SW 22 Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33145

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

Date

REGISTERED AGENT MUST SIGN

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
P	Edward J Caron	3160 SW 22 Street	Miami, FL 33145

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02

Date

305-4465766

Daytime Phone #

CR2E081 (9/01)

AMFAK, INC.
Safety Equipment Headquarters

ED CARON
President

3160 S.W. 22nd Street (Coral Way)
Miami, Florida 33145
Tel: (305) 446-5766
Fax: (305) 448-6112

4/29/2002

Reference / Document # 410078 FEI# 59-1426484

TO: Florida Department of State
ATTN: Division of Corporations
From: Edward J Caron

ref: AMFAK Corporate Reinstatement

AMFAK, INC did not receive the Corporate Annual Report form for the year 2001. That is the reason why it was not submitted for that year. AMFAK, INC has been in business since 1958 and has turned one in for every year since then. Please find enclosed with this letter a check in the amount of \$300.00 which will cover the annual fee for 2001 and 2002. If you have any questions, please contact Edward J Caron at phone number (305) 446-5766.

Thank You,

Edward J Caron
President, AMFAK, INC