

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 10 AM 9:52

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

900023817639  
10/15/03--01040--013 \*\*150.00



*03*

**DOCUMENT # P01000030326**

1. Corporation Name

**FIRE CONTROLS INCORPORATED**

Principal Place of Business

Mailing Address

5601 NW 9TH AVE  
SUITE 100  
FORT LAUDERDALE FL 33309

5601 NW 9TH AVE  
SUITE 100  
FORT LAUDERDALE FL 33309

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

03/16/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1088245

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	FEERO, BRIAN	411 N 65TH TERR	HOLLYWOOD FL 33024
VP	BOYD, BRIAN	9307 NW 23RD ST	PEMBROKE FL 33024
STD	WHITGYRN, SANDRA <del>WHITBURN</del>	4410 BOUGAINVILLE #27	FORT LAUDERDALE FL 33308

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FEERO, BRIAN  
411 N 65TH TERR  
HOLLYWOOD FL 33024

Name

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

Suite, Apt. #, Etc.

City

State **FL** Zip Code

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

REGISTERED AGENT MUST SIGN

Date 10-08-03

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: *Sandra Whitburn* SANDRA WHITBURN 10/08/03 9549589111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)

**FIRE CONTROLS, INC**  
5601 N.W. 9TH AVE. SUITE# 100  
FT. LAUDERDALE, FL 33309

PHONE#954-958-9111 FAX#954-958-9933

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OCT. 9, 2003

We did not receive our annual application report, and we do not know why. Last year we corrected the address so it should have arrived here with no problems.

We were told to write this letter to get this taken care of and include our fee of \$150.00.

Please let us know what we need to do to get this matter taken care of.

Thank you,

Brian Feero  
Pres. F.C.I.