PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 16 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

00-02

DOCUMENT # P16717

1. Corporation Name
Western States Fire Protection Company

2. Principal Office Address	3. Mailing Office Address
12150 E. Briarwood Ave.	12150 E. Briarwood Ave
Suite, Apt #, etc. 202	Suite, Apt. #, etc. 202
City & State Centennial CO	City & State Centennial CO
Zip 80112 Country USA	Zip 80112 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 11/9/87

5. FEI Number 84-0973303 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Rd.

000008724320
10/21/02--01033--025 **150.00

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

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: Jan Landsman REGISTERED AGENT MUST SIGN Date: 10-15-02

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
P	Damas, Nage L.	4829 W. 121st Street	Overland Park, KS 66209
V	Lewis, Owen G.	7152 ODESSA CIRCLE	Aurora, CO 80016
S	Rachey, Loren	6630 Hemlock Lane	Maple Grove, MN 55369
D	Anderson, Lee R.	1106 Mount Curve Ave.	Minneapolis, MN 55403
T	Barker, Sandra	1506 E. Nichols Cr.	Littleton, CO 80122
V	Rothmier, Larry E.	415 218th Ave NE	Sammash, WA 98074

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 61 T, 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 Barker Sandra Barker 9/13/02 (303)790-3807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #