

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

97 OCT 29 AM 8:25

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P95000016470**

1. Corporation Name
AMERICAN SAFETY TECHNOLOGY RESOURCES & ASSISTANCE, INC.

Principal Place of Business 3436 SHORE COURT LAND O LAKES FL 34639	Mailing Address 3436 SHORE COURT LAND O LAKES FL 34639
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If above addresses are incorrect in any way, line through incorrect information and enter correct information.

2. New Principal Office Address, If Applicable Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable P.O. Box 1481 Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 02/27/1995
City & State LAND O LAKES	City & State LAND O LAKES	5. FEI Number 59-3304162
Zip 34639	Country P	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

97 10/30

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
DP	HARDESTY, CHARLES T	3436 SHORE COURT	LAND O LAKES FL 34639
TD	HARDESTY, SYLVIA	3436 SHORE COURT	LAND O LAKES FL 34639
SD	VERNON, MICHELLE	531 N.W. 132ND TERRACE	PLANTATION FL 33325

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 ****750.00 ****750.00

8. Name and Address of Current Registered Agent SOUTHEAST BUSINESS SOLUTIONS, INC. 531 N.W. 132ND TERRACE PLANTATION FL 33325	9. Name and Address of New Registered Agent Name: CHARLES T. HARDESTY Street Address (P.O. Box Number is Not Acceptable): 3436 SHORE COURT Suite, Apt. #, Etc.: City: LAND O LAKES State: FL Zip Code: 34639
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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.
 Signature of Registered Agent: *Charles T. Hardesty* Date: 10/25/97
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: *Charles T. Hardesty* P.R.S. 10/25/97 (813)996-6000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED40 (8/97)