PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
01 JUL -5 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000087179

1. Corporation Name

SAF-T-GLO, INC.

REINSTATEMENT 00-01

Principal Place of Business	Mailing Address
3261 ~~3269~~ SW SLATER STREET STUART FL 34997 US	3261 ~~3269~~ SE SLATER STREET STUART FL 34997 US

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
3261 SE SLATER ST	3261 SE SLATER ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/22/1996

5. FEI Number: 65-0801877 — Applied For ☐ Not Applicable ☐

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	GIRARD, GARY L	3861 SW BIMINI CIRCLE	PALM CITY FL 34990
VSTD	GIRARD, MADAI C	3861 SW BIMINI CIRCLE	PALM CITY FL 34990
CD	~~LLEWELLYN, ROGGER~~ RAE, DONALD	91 CRACKWELL ESPLANADE WESTCLIFF	ESSEX, UK 5508JJ
MD/D	~~HAYLE, MIKE P~~ STOKES, PETER	1 NURSERY CLOSE, GRESSENALL, DER	NORFOLK, UK NR804H

8. Name and Address of Current Registered Agent

GIRARD, GARY I
3861 SW BIMINI CIRCLE
PALM CITY FL 34990

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State FL | Zip Code

900004488659--7
-07/20/01--01117--003
****908.75 ****908.75

CR2E040 (8/00)

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 _____ Date 5-25-01

REGISTERED AGENT MUST SIGN

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: _____ 5-25-01 (561) 220-4897

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #