PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
09 OCT 26 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000061685

1. Corporation Name

A1A SUPERIOR LOCK & SAFE, INC.

700162143257
10/26/09--01006--022 **300.00

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
140 ROYAL PALM CT	140 ROYAL PALM CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT LAUDERDALE, FL	City & State: FORT LAUDERDALE, FL
Zip: 33317 Country: USA	Zip: 33317 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 08/18/1994

5. FEI Number: 65-0532778 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee [illegible] Certificate of Status

7. Name and Address of Current Registered Agent

Name: DALEN WARD
Street Address (P.O. Box Number Is Not Acceptable): 140 ROYAL PALM CT
Suite, Apt. #, Etc.:
City: FORT LAUDERDALE State: FL Zip Code: 33317

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: [signature] REGISTERED AGENT MUST SIGN Date 10-22-09

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
D	DALEN WARD	140 ROYAL PALM CT	FORT LAUDERDALE, FL 33317
V	S D PRIDDY	140 ROYAL PALM CT	FORT LAUDERDALE, FL 33317

REINSTATEMENT RH

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 contained in Chapter 119, 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] Dalen Ward 10-22-09 954 325 7015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #