PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 11 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S90143

1. Corporation Name
ALL FIRE SERVICES, INC

REINSTATEMENT 01-03

000025406150
12/11/03--01011--005 **1058.75

2. Principal Office Address	3. Mailing Office Address
2027 SHERMAN ST	2027 SHERMAN ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hollywood FL	City & State: Hollywood FL
Zip: 33020 Country: USA	Zip: 33020 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 10/28/91

5. FEI Number 650402844 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: WENDY BRASECKER
Street Address (P.O. Box Number is Not Acceptable): 2027 SHERMAN STREET
Suite, Apt. #, Etc.:
City: Hollywood State: FL Zip Code: 33020

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: Wendy Brasecker — REGISTERED AGENT MUST SIGN
Date: 12/5/03

CR2E081 (10/02)

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	JEROME COHEN	2027 SHERMAN ST	Hollywood FL 33020
V/S/T	WENDY BRASECKER	2027 SHERMAN ST	Hollywood, FL 33020

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 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: Wendy Brasecker WENDY BRASECKER 12/05/03 954.367.3607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #