

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUN -9 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 716832

1. Corporation Name

FLORIDA FEDERATION FOR SAFETY, INC

2. Principal Office Address

3. Mailing Office Address

FLA Federation for Safety
Suite, Apt. #, etc.

Suite, Apt. #, etc.

PO BOX 1204

PO BOX 1204

City & State

City & State

Brooksville

Brooksville

Zip

Country

Zip

Country

34601

Hernando

34601

Hernando

4. Date Incorporated or Qualified
To Do Business in Florida

07/02/1969

5. FEI Number

Applied For

59-1110631

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

Ilka M. Linhart

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

2379 BROAD STREET

Suite, Apt. #, Etc.

City

BROOKSVILLE

State

FL

Zip Code

34604

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

Ilka M. Linhart

REGISTERED AGENT MUST SIGN

Date

6/3/03

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	Burgner, Doug	4065 Croaker Dr.	Hernando BCH FL 34607
S	Paxton, Lee	PO Box 90094	Lakeland FL 33804
T	Linhart, Ilka	2379 Broad Street	Brooksville FL 34604
D	Paxton, Jim	PO BOX 90094	Lakeland FL 33804
D	Price, Dennis	12733 33rd Ave N	Seminole FL 33776
D	Bly, Randy	1515 N Westshore Blvd	Tampa FL 33607

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)(b), 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:

Ilka M. Linhart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/3/03

Date

352-796-7211 X

Daytime Phone #

4060

97 6/10