


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 839125

1. Corporation Name  
Leshor Fire Extinguisher Corp.  
of Florida, Inc.

2. Principal Office Address 1499 SW 30th Ave Suite, Apt. #, etc. #31 City & State Boynton Bch, FL Zip 33426 Country USA		3. Mailing Office Address Same Suite, Apt. #, etc. City & State Zip Country	
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FILED  
06 APR -6 AM 10:27  
CLERK OF COURT  
TALLAHASSEE, FLA

200073502992  
05/01/06--01055--004 \*\*600.00

REINSTATEMENT 03-06

4. Date Incorporated or Qualified To Do Business in Florida 9/16/1977

5. FEI Number 591767529  
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 Robert G. Proctor  
Street Address (P.O. Box Number is Not Acceptable) 103 Avocado Rd  
Suite, Apt. #, Etc.  
City Delray Bch, FL  
State FL Zip Code 33444

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 Robert G. Proctor  
REGISTERED AGENT MUST SIGN  
Date 4/3/06

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
PRV	Robert G. Proctor	103 Avocado Rd	Delray Bch, FL 33444
S	Jan Proctor	103 Avocado Rd	Delray Bch, FL 33444

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: Robert G. Proctor  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 4/3/06  
Daytime Phone # 561-752-5785



W. PALM 561-833-5858  
 BOYNTON 561-752-5785  
 DELRAY 561-272-8169  
 BROWARD 954-971-3366  
 FAX 561-752-5786

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1499 SW 30th Ave Suite 31 Boynton Bch, FL 33426

Please find a check for \$600.00. We moved our office in 2003 and according to your office the, Post Office returned the notice to you, as not deliverable. Therefore we never received our annual report notice. Michelle said I should request the reinstatement fee be waived.

Annual Fee	$61.25 \times 3 =$	\$183.75
Corp. Supp. Fee	$88.75 \times 3 =$	\$266.25
2006 Annual Report Fee		\$150.00
		<u>\$600.00</u>

Thank you  
 Jan Burton