

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 DEC 16 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F07000004351

1. Corporation Name

Safety Plus Fire Equipment INC.

2. Principal Office Address - No P.O. Box #

3688 Hwy 39 N

3. Mailing Office Address

PO Box 648

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Blakely GA

City & State

Blakely GA

Zip

39823

Country

US

Zip

39823

Country

US

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

8-29-07

5. FEI Number

58-2471865

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

Don Kent

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

7 Catty Sack Ct

Suite, Apt. #, Etc.

City Ochlockonee Bay

State

FL

Zip Code

32346

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

X Don Kent

Date

12/16/11

REGISTERED AGENT MUST SIGN

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	GARY L GRIFFIN	3688 Hwy 39 N	Blakely, GA 39823
S	Patti J Griffin	3688 Hwy 39 N	Blakely, GA 39823

REINSTATEMENT

10-11 RK

10. E-mail Address: SafetyplusFire@Windstream.net

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-16-11

Date

Daytime Phone # 232 723 2348