

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC 28 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F78885

1. Corporation Name
Astec Fire Protection Systems, Inc.

2. Principal Office Address
4612 North Lois Avenue

Suite, Apt. #, etc.

City & State
Tampa, FL

Zip 33614
Country US

3. Mailing Office Address
4612 North Lois Avenue

Suite, Apt. #, etc.

City & State
Tampa, FL

Zip 33614
Country US

REINSTATEMENT 2000

**4. Date Incorporated or Qualified
To Do Business in Florida** 4/28/82

5. FEI Number
59-2189028

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
Paul J. Ullom

Street Address (P.O. Box Number is Not Acceptable)
777 S. Harbour Island Blvd.

Suite, Apt. #, Etc.
5th Floor

City Tampa
State FL
Zip Code 33602-5799

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**

REGISTERED AGENT MUST SIGN

Date 12/27/00

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/T/D	Thomas H. Asbury	3310 Lawn Avenue Tampa, FL 33611	Tampa, Florida 33611
V/S/D	Sandra L. Asbury	3310 Lawn Avenue	Tampa, Florida 33611
			100003575441--4 -01/25/01--01103--011 ****750.00 ****750.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
THOMAS H. ASBURY

12-27-00 813-873-0632
Date **Daytime Phone #**