

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94181

1. Corporation Name

Florida Fire Protection Corporation

W-25653

2. Principal Office Address

253 S.W. 21 Terrace

Suite, Apt. #, etc.

Bay 219

City & State

Fort Lauderdale, FL

Zip

33312

Country

U.S.

3. Mailing Office Address

253 S.W. 21 Terrace

Suite, Apt. #, etc.

Bay 219

City & State

Fort Lauderdale, FL

Zip

33312

Country

U.S.

REINSTATEMENT

99-00

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

8/11/1982

5. FEI Number

592292835

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

Michelle C. Frigola, Esq.
Michelle C. Frigola, P.A.

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

5340 North Federal Highway, Suite 104

Suite, Apt. #, Etc.

Suite 104

City

Lighthouse Point

State

FL

Zip Code

33064

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

Michelle C. Frigola

REGISTERED AGENT MUST SIGN

Date 10/9/00

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
ST	Carol A. Krupa	48862 Pointe Lakeview	New Baltimore, MI 48047
P	Thomas J. Krupa	48862 Pointe Lakeview	New Baltimore, MI 48047
VP	Jeffrey Krupa	96 Hendricks Isle, Apt. #1	Ft. Lauderdale, FL 33301
			200003474902-6 -11/27/00-01003-007 ****900.00 ****900.00

LS

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 J. KRUPA

PRESIDENT 10-9-00

Date

Daytime Phone #

954 321-6003

CR2E081 (9/99)