

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

**CORPORATION  
REINSTATEMENT**



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

01 JUL 19 PM 3:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F95000003871**

1. Corporation Name

**Pains-Wessex Safety Systems, Inc.**

2. Principal Office Address

**7040 West Palmetto Park Rd.  
#4**

3. Mailing Office Address

**c/o Larry D'Andrea  
121 N. Commerce Drive**

Suite, Apt. #, etc.

**Suite 163**

Suite, Apt. #, etc.

City & State

**Boca Raton, Florida**

City & State

**Chester Township, PA**

Zip

**33433**

Country

**USA**

Zip

**19014**

Country

**USA**

**400004499394--3**

**-07/26/01--01007--008**

**\*\*\*1058.75 \*\*\*1058.75**

4. Date Incorporated or Qualified  
To Do Business in Florida

**August 10, 1995**

5. FEI Number

**59-3296934**

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

**C T Corporation System**

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

**1200 South Pine Island Road**

Suite, Apt. #, Etc.

City

**Plantation**

State  
**FL**

Zip Code  
**33324**

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

*Connie Bryan*  
**Connie Bryan, Special Asst. Secy.**

Date **7-19-01**

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,D	David R. Evans	Yoxall Lodge 10 Worsley Road	Southsea Hampshire PO5 3DY UK
VP,D	Paul A. Rayner	The Well House Collins Lane	Hursley, Winchester Hampshire SO21 2JX UK
D	Gary J. Mullins	8C Langstone Avenue Langstone	Havant Hampshire PO9 1RV UK
VP	James Chandler	20937 St. Andrews Blvd. #15	Boca Raton, FL 33433
T, S	Lawrence M. D'Andrea	175 William Penn Blvd.	West Chester, PA 19382

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:

*Lawrence M. D'Andrea*  
**Lawrence M. D'Andrea**  
Treasurer & Secretary

Date

**07/11/01 (610) 859-3695**

Daytime Phone #

**(561) 394-9113**