

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

01 JUL 19 PM 3:27
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**CORPORATION
 REINSTATEMENT**



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

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

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

**400004499394--3
 -07/26/01--01007--008
 ***1058.75 ***1058.75**

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
REGISTERED AGENT MUST SIGN

Date **7-19-01**

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