

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F98000001615**

1. Corporation Name

ELITE FIRE PROTECTION, INC.

Principal Place of Business

Mailing Address

6781 GULF SHORE PKWY
GULF SHORES AL 36542
US

PO BOX 4369
GULF SHORES AL 36547
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/23/1998

5. FEI Number

72-1370628

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CP	NUGENT, D. SCOTT	6781 GULF SHORES PKY	GULF SHORES AL 36542
VC	HINES, CHARLES S	6781 GULF SHORES PKY	GULF SHORES AL 36542
V	NUGENT, JANAI A	6781 GULF SHORES PKY	GULF SHORES AL 36542
S	HINES, RHONDA	6781 GULF SHORES PKY	GULF SHORES AL 36542
T	HINTON, LILA	6781 GULF SHORES PKY	GULF SHORES AL 36542
600024446146 11/05/03--01014--043 **750.00			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CRAWFORD, JAMES W JR
14505 INNERARITY POINT RD
PENSACOLA FL 32507

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Jeanine Reynolds
as its agent

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

10-30-03

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., 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]
D.S. NUGENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/03
Date

251-970-3473
Daytime Phone #

CR2E040 (7/03)