

192

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

FILED - SECRETARY OF STATE DIVISION OF CORPORATIONS

04 NOV -9 AM 8:00

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

REINSTATEMENT 04

DOCUMENT # H49124
1. Corporation Name Original Safety Line Plus, Inc.

2. Principal Office Address 2701 E. Louisiana Ave. Suite, Apt. #, etc. none City & State Tampa FL Zip 33610 Country USA
3. Mailing Office Address SAME Suite, Apt. #, etc. --- City & State Zip Country SAME

4. Date Incorporated or Qualified To Do Business in Florida 1984
5. FEI Number 592533736 Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

MRS

7. Name and Address of Current Registered Agent

Name Lisa M. WADE
Street Address (P.O. Box Number is Not Acceptable) 2701 E. Louisiana Ave
Suite, Apt. #, Etc. ---
City Tampa State FL Zip Code 33610

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 Lisa M. Wade Date 11/04/04
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.	Demetria A. Ward	SAME	Tp. FL 33610
V.P.	Lisa M. Wade	SAME	Tp. FL 33610
T/sec	James E. Ward	SAME	Tp. FL 33610

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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: Lisa M. Wade 11/04/04 813 2370944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)

292
Original Safety Line Plus

P.O. Box 310136
Tampa, Florida 33680

6607 24th Street
Tampa, Florida 33610

(813) 237-0944

Nov. 04, 2004

I never received a
first copy of the filing.
please, please reinstate
"OSLP Inc, w / no penalty
fee.

Respectfully,

Lisa M. Wade
V.P.