

192  
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED -  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 NOV -9 AM 8:00

DOCUMENT #

H49124

1. Corporation Name

Original Safety Line  
Plus, Inc.

REINSTATEMENT 04

2. Principal Office Address

2701 E. Louisiana Ave.

Suite, Apt. #, etc.

none

3. Mailing Office Address

Same

Suite, Apt. #, etc.

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City & State

Tampa FL

City & State

Same

Zip

33610

Country

USA

Zip

Same

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

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.

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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

400042606144  
11/09/04--01068--004 \*\*150.00

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/04/04

Daytime Phone #

813 2370944

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.