

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K31354

FILED
97 NOV -5 PM 5:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

ALL COUNTIES FIRE EXTINGUISHER COMPANY, INC.

Principal Place of Business

Mailing Address

3480 NE JACKSONVILLE
OCALA FL 34479
US

3480 JACKSONVILLE RD
OCALA FL 34479
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

4. Date Incorporated or Qualified
To Do Business in Florida

08/18/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2909946

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DP	MEYER, LINDA A.	1427 N.E. 24TH PL.	OCALA FL

500002343525--3
-11/10/97--01166--014
****165.00 ****165.00

SC
11-6-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MEYER JR., WILLIAM JOSEPH
1419 NE 24TH PLACE
OCALA FL 32670

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of
Registered Agent

William J Meyer Jr

REGISTERED AGENT MUST SIGN

Date 10-24-97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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:

Linda A Meyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda A Meyer

10-24-97

Date

Daytime Phone #

CR2E040 (8/97)

10.24.97 (2)

All Counties Fire Extg. Co. Inc
3460 NE Jacksonville Road
Ocala, Florida 34479
(352) 732-5073

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

To Whom This May Concern:

This is to inform your office that I did not receive anything from the Department of Corporations for renewal this year. I have alot of problems with my mail delivery and I will be reporting this to my post office.

Thank you for your consideration and kindness in advance. I was informed by your office to look in February for the next renewal packet. If I do not receive it by the end of February I will contact your office.

Sincerely,
Linda A Meyer