

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 25 AM 9:09

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # K 31354

1. Corporation Name

All Counties Fire Extinguisher Co., Inc

REINSTATEMENT 03-04

200030945032
03/23/04--01097--010 **908.75

2. Principal Office Address

3460 NE Jacksonville Rd

Suite, Apt. #, etc.

City & State

Ocala Florida

Zip

34479

Country

USA

3. Mailing Office Address

3460 NE Jacksonville Rd

Suite, Apt. #, etc.

City & State

Ocala Florida

Zip

34479

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/18/1988

5. FEI Number

59-2909946

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

Freddy L. Watson

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

1427 NE 24th Place

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34470

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

Freddy L. Watson
REGISTERED AGENT MUST SIGN

Date 3-16-04

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	Linda A. Meyer	10903 SW 58th Avenue	Ocala Florida 34479

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:

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

3-16-04 (352) 732-5073

Date

Daytime Phone #

All Counties Fire Extinguisher Co., Inc.
3460 N.E. Jacksonville Road
Ocala, Florida 34479
352-732-5073

March 16, 2004

Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314
Attn: Reinstatement Dept.

Dear Sir,

I was just informed that my corporation was dissolved in 1999 when I had to get a new workman's compensation policy. I was not aware that the corporation was no longer valid. I did not receive any notification of the dissolution. Please accept my check to reinstate my corporation.

Thank you in advance for your help in expediting this matter so I can acquire a new workman's compensation policy.

Sincerely



Linda A. Meyer, President