

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 MAR -8 AM 7:47

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K31354**

1. Corporation Name

All Counties Fire Extinguisher Co., Inc

400093255454
03/16/07--01015--027 **458.75

REINSTATEMENT

05-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

3460 NE Jacksonville Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

3460 NE Jacksonville Rd

Suite, Apt. #, etc.

City & State

Ocala, Florida

City & State

Ocala, Florida

Zip

34479

Country

USA

Zip

34479

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/18/88

5. FEI Number

59-290 9946

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

Linda A. Meyer

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

10903 SW 58th Avenue Road

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34476



The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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**

Linda A Meyer

Date

3-5-07

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
Pres	Linda A. Meyer	10903 SW 58 th Ave Rd	Ocala, FL 34476

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 contained in Chapter 119, 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

3-5-07 352-732-5073

Date

Daytime Phone #