

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State
SICILIA CORPORATION

FILED

DOCUMENT # K99607

1. Corporation Name

S&K FIRE SPRINKLERS, INC.

02 OCT 28 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4960 SW 52ST
STE - 418
DAVIE FL 33314
US

Mailing Address

4960 SW 52 ST
STE - 418
DAVIE FL 33314
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/30/1989

5. FEI Number

65-0135220

Applied For

Not Applicable

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|--|---|--|-------------------------|
| D | SCULTHORPE, VERNON | 2589 GARDEN COURT | COOPER CITY FL 33026 |
| D | KUCHENBECKER, THOMAS A | 7501 N.W. 21ST CT. | MARGATE FL |
| * PLEASE DELETE THIS NAME OFF OF THE CORPORATION | | | |
| * HE IS NO LONGER AN OFFICER OF THE COMPANY | | | |
| 000008637380 10/28/02--01125--009 ***150.00 | | | |

8. Name and Address of Current Registered Agent

SCULTHORPE, VERNON
2589 GARDEN COURT
COOPER CITY FL 33026

9. Name and Address of New Registered Agent

Name

GAIL BEARD

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

9727 N.W. 37th ST.

Suite, Apt. #, Etc.

City

SUNRISE

State
FL

Zip Code

33351

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/23/02

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/02

Daytime Phone #

CR2E040 (8/02)

S & K Fire Sprinklers, Inc.

October 23, 2002

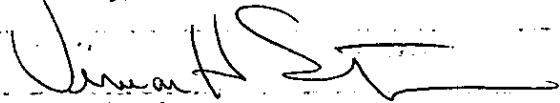
Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern,

Re: Account: K99607

Enclosed is a check for the balance due on our account. I spoke with your representative Barbara on 10/23/02 and told her that we had never received our Renewal Notice. So she advised me to write this letter to alert you of the fact and mail in our regular payment of \$150.00 and she waived the late fees. Thank you very much.

Sincerely,



Vernon Sculthorpe
President
S & K Fire Sprinklers Inc.