

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 SEP 16 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

N20192

Automatic Fire Alarm Association (AFAA).
Inc./Fl Section

2. Principal Office Address

3. Mailing Office Address

6900 S W 21 Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit #6

City & State

City & State

Davie

Florida

Zip

Country

Zip

Country

33317

4. Date Incorporated or Qualified
To Do Business in Florida

04/16/87

5. FEI Number

59-2769306

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

Eric A. Neilinger

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

6900 S W 21 Court

Suite, Apt. #, Etc.

Unit #6

City

Davie

State

FL

Zip Code

33317

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

Eric A. Neilinger

REGISTERED AGENT MUST SIGN

Date

8/29/02

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

c/o Fire Alarm Systems & Security, Inc.
Eric A. Neilinger

6900 SW 21 Ct #6

Davie, Fl 33317

V Pres

Frank Hegedus

c/o-Simplex-Grinnell
3801 Commerce Parkway

Miramar, Fl 33025

Sec/T

c/o Fire Alarm Systems & Security, Inc.
Ronnie S. Neilinger

6900 SW 21 CT #6

Davie, Fl 33317

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Eric A. Neilinger

8/29/02

CR2E081 (9/00)