APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 20 PM 2:43

DOCUMENT # N50196

1. Corporation Name

FLORIDA SAFETY ASSOCIATION, Inc.

Principal Place of Business
427 N. Primrose Dr.
Orlando, Fl. 32803

Mailing Address
427 N. Primrose Dr.
Orlando, Fl. 32803

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida: 7/29/92
427 N. Primrose Dr.	427 N. Primrose Dr.	
Suite, Apt. #, etc.: Suite A	Suite, Apt. #, etc.: Suite A	5. FEI Number: NOT APPLICABLE — Applied For / Not Applicable
City & State: Orlando, Fl.	City & State: Orlando, Fl.	
Zip: 32803 / Country: USA	Zip: 32803 / Country: USA	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 3	City / State / Zip 4
PD	David Diggs	5670 S. Lake Burkett Ln.	WInter,Park, Fl. 32792
TD	Linda Hayes Gallegos	7306 Swallow Run	WInter Park, Fl. 32792
D	Gerald Freis	1426 W. Stetson St.	Orlando, Fl. 32804
SD	Thomas Guilmet	427 N. Primrose Dr.	Orlando, FL. 32803
M	Thomas Smith	427 N. Primrose Dr. Suite A	Orlando, Fl. 32803
			DP 10/26

8. Name and Address of Current Registered Agent

Fred Walsh
427 N. Primrose Dr.
Orlando, FL. 32803

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9. Name and Address of New Registered Agent

Name: Thomas Smith
Street Address (P.O. Box Number is Not Acceptable): 427 N. Primrose Dr.
Suite, Apt. #, Etc.: SUite A
City: Orlando | State: FL | Zip Code: 32803

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: Thomas Smith *Thomas G. Smith* Date: 10/14/99

REGISTERED AGENT MUST SIGN

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: Gerald Freis — 10-14-99 — (407)897-4412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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