

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP -3 PM 4: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000003052

1. Corporation Name: Florida Health and Safety Institute, Inc.

2. Principal Office Address

6333 Miramar Parkway

3. Mailing Office Address

6333 Miramar Parkway

Suite, Apt. #, etc. B

Suite, Apt. #, etc. B

City & State

Miramar, Florida

City & State

Miramar, Florida

Zip

33023

Country

Broward

Zip

33023

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

01/11/2000

5. FEI Number

650 984111

☒ 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

Harold Garrick

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

4123 Open Way

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33026

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

REGISTERED AGENT MUST SIGN

Date

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 | Harold Garrick | 4123 Open Way | Hollywood, FL 33026 |
| D | Cherriana garrick | 4123 Open Way | Hollywood, FL 33026 |
| V | Kurt Garrick | 4123 Open Way | Hollywood, FL 33026 |
| S | Nicole Garrick | 4123 Open Way | Hollywood, FL 33026 |
| | | | |
| | | | |

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:

H. G. Garrick

Harold Garrick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-31-04 786 5528680

Date

Daytime Phone #

CR2E081 (01/04)

FLORIDA HEALTH AND SAFETY INSTITUTE, INC.
6333-B Miramar Parkway
Miramar, Fl 33023

August 31, 200

Florida Department of State
Division of State
P.O. Box 6327
Tallahassee, Fl 32314

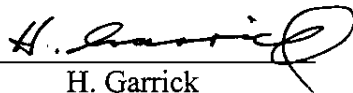
RE: Document # P00000003052 REINSTATEMENT

This is to inform you that for the reporting period 2002-2004 I have not receive the annual report forms to file the above mentioned institution reports I contacted your office and was told that for the year 2003-2004 corporations will have to down load their reporting forms.

The above mentioned corporation was maintaining its name until it could find an appropriate building to conduct its business, I have found a location which the corporation plans to do its business. In the future I will down load the annual reporting form and ensure that it reach your office before the deadline.

I was told by your office to send a check of \$300. For the Reinstatement of the corporation. Enclosed you will find Check #123 for the amount of \$308.75 for the reinstatement fee and certificate of status.

Thank you for your understanding and cooperation.
Send a letter with \$300.00
Sincerely,


H. Garrick