

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN 29 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P000000066111

1. Corporation Name

Amc Fire Protection, Inc.

W070000001437

800087361448
02/05/07--01013--022 **1200.00

REINSTATEMENT 04-07

CR2E081 (12/05)

2. Principal Office Address

Kevin Jursinski
Suite, Apt. #, etc. Suite 200
7800 University Pt. Dr.

City & State

Ft. Myers, FL

Zip

33907

Country

USA

3. Mailing Office Address

Amc Fire Protection
Suite, Apt. #, etc.
PO Box 640

City & State

Moorestown, NJ

Zip

08057

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7-7-2000

5. FEI Number

23-3048132

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Kevin Jursinski

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

7800 University Point Drive

Suite, Apt. #, Etc.

Suite 200

City

Ft. Myers

State

FL

Zip Code

33907

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

AS REG. AGENT

Date 1/26/07

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	Frank E Lawson	365 C New Albany Rd.	Moorestown, NJ 08057

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank E Lawson

Date

12-29-06 856 608 1878

Daytime Phone #

201/31