


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000071946			
1. Corporation Name ERNST SAFETY INTERNATIONAL, INC.			
2. Principal Office Address 596 97th AVE. N. Suite, Apt. #, etc. APT #1 City & State NAPLES, FL Zip 34108 Country USA		3. Mailing Office Address P.O. Box 2351 Suite, Apt. #, etc. City & State NAPLES, FL Zip 34106 Country USA	

FILED
03 AUG -8 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 01, 02, 03
800022176538
08/08/03--01064--018 **1058.75

4. Date Incorporated or Qualified To Do Business in Florida 07-25-00	
5. FEI Number 59-3684957	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name DANIEL G. ERNST	
Street Address (P.O. Box Number is Not Acceptable) 596 97th AVE NORTH	
Suite, Apt. #, Etc. APT #1	
City NAPLES	State FL Zip Code 34108

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 **Daniel G. Ernst** Date **07/29/03**
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
P	DANIEL G. ERNST	596 97th AVE N. APT #1	NAPLES, FL 34108

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: **Daniel G. Ernst** Date **07/29/03** Daytime Phone # **239-253-2248**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)

2/28/12