

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAY 27 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000091628**

1. Corporation Name

MONARCH SAFETY PRODUCTS, INC.

800037374288

05/27/04--01039--004 **900.00

2. Principal Office Address

1001 WEST CYPRESS RD.

3. Mailing Office Address

PROSPECT CLOSE

Suite, Apt. #, etc.

SUITE # 401

Suite, Apt. #, etc.

KIRKBY-IN-ASHFIELD

City & State

FORT LAUDERDALE

City & State

NOTTINGHAM

Zip

FL 33309

Country

U.S.A.

Zip

NG17 7LF

Country

U.K.

4. Date Incorporated or Qualified
To Do Business in Florida

09/28/2000

5. FEI Number

98-0232741

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

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

1200 S PINE ISLAND RD

Suite, Apt. #, Etc.

City

PLANTATION

State
FL

Zip Code

33324

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

PETER F. SOUZA

REGISTERED AGENT / ASSISTANT SECRETARY

Date

5/25/04

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	PAUL CURTIS	2 RECTORY COTTAGE WILLOW LANE	NOTTINGHAM NG4 4BH U.K.
S	JONATHAN PETO	15 EBERS ROAD MAPPERLEY PARK	NOTTINGHAM NG3 5DY, - U.K.

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:

Jonathan Peto (S Peto)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 May 2004, +44 1623 750117

Date

Daytime Phone #

CR2E081 (01/04)