

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT -7 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800008429658--3
-10/17/02--01069--008
****300.00 ****300.00

DOCUMENT #

1. Corporation Name

P00000110407

Able Fire Sprinkler Inc

2. Principal Office Address

777 East OAKland Park Blvd
Suite, Apt. #, etc.

3. Mailing Office Address

777 East OAKland Park Blvd
Suite, Apt. #, etc.

City & State

Ft Lauderdale FL

Zip 33334

Country U.S.

City & State

Ft Lauderdale FL

Zip 33334

Country US

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/29/00

5. FEI Number

65-1062694

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

David Z Wagner

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

3058 Pebble Beach Dr

Suite, Apt. #, Etc.

City

Lake Worth

State
FL

Zip Code

33467

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/4/02

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	David Z Wagner	3058 Pebble Beach Dr	Lake Worth FL 33467
V.P.	Micsonia Robles	3058 Pebble Beach Dr	Lake Worth FL 33467

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Z Wagner

Date

10/4/02

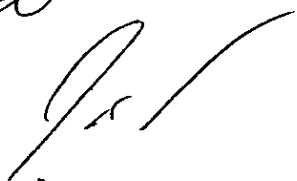
Daytime Phone #

CR2E081 (9/01)

283

I never received my filing or necessary
paperwork needed to register. I don't know if
it was due to a change of address or what
But please accept my apology and attached is
a check for \$500⁰⁰/_{xx} as I was instructed
along with a ~~amendment~~ for change of Address

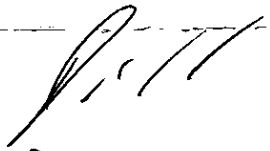
Thank you



David Wagner
President

Please Change Address for Able Fire Sprinkler Inc
from ^{old} 9748 NW 15th St Pembroke Pines FL 33025
TO New 277 East Oakland Park Blvd. Ft Lauderdale FL 33334

Thank you



David Wagner (954) 830-1938
President