PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 FEB -9 PM 4:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000110407

1. Corporation Name
ABLE FIRE SPRINKLER INC

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
3365 Lake Worth Rd	
Suite, Apt. #, etc. # 13	Suite, Apt. #, etc.
City & State Lake Worth FL	City & State
Zip 33467 Country US	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 11/30/00

5. FEI Number 651062694 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $ 5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: David 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: _____ Date: 10/29/04
REGISTERED AGENT MUST SIGN

CR2E018 (10/02)

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
P	David Wagner	3058 Pebble Beach Dr	Lake Worth FL 33467
VP	MARSONIA ROBLES	3058 PEBBLE BEACH DR.	LAKE WORTH FL. 33467

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02/09/04--01049--003 **300.00

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: _____ David Wagner 1/29/04 561-723-3867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Never received 2003
Filing Form -