PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 13 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000006244

1. Corporation Name
SAFETY SYSTEMS SPECIALIST INC.
5600 SW 137TH AVENUE, SUITE 204B
MIAMI FL 33183

2. Principal Office Address	3. Mailing Office Address
5600 SW 137TH AVENUE	P.O.Box 65-0824
Suite, Apt. #, etc.: SUITE 204B	Suite, Apt. #, etc.:
City & State: Miami, FL orida	City & State: Miami, FL 33265-0824
Zip: 33183 Country:	Zip: Country:

10/02/03 01020 017 150.00

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Juan A. Rodriguez

Street Address (P.O. Box Number is Not Acceptable): 6321 SW 157 place

Suite, Apt. #, Etc.:

City: Miami, State: FL Zip Code: 33193-3684

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: Juan Rodriguez Date: 9/30/03
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
Presider	Juan A. Rodriguez	6321 SW 157 PL	Miami, FL 33193-3684

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: Juan Rodriguez 9/30/03 (305) 992-4284 (Cell)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JR 10/13

SAFETY SYSTEM SPECIALIST INC
5600 SW 135TH AVE
NO. 204-B
MIAMI, FL 33183
PH (305) 387-1349

2611

63-1260/631
BRANCH 250

DATE 9/30/03

PAY TO THE ORDER OF DEPARTMENT OF STATE $ 150.00

ONE HUNDRED FIFTY AND NO/100 DOLLARS

BANCO POPULAR
Banco Popular North America
7500 SW 8th St., Ste.102
Miami, FL 33144

FOR P01000206244

⑈00261⑈ ⑆063112605⑆ 052500100128⑆

SAFETY SYSTEM SPECIALIST INC
5600 SW 135TH AVE
NO. 204-B
MIAMI, FL 33183
PH (305) 387-1349

2612

63-1260/631
BRANCH 250

DATE 9/30/03

PAY TO THE ORDER OF FED/EX $ 16.46

SIXTEEN AND 46/100 DOLLARS

BANCO POPULAR
Banco Popular North America
7500 SW 8th St., Ste.102
Miami, FL 33144

DIV. CORPORATIONS TO DEPT. OF STATE

FOR AWB 8366 5204 5929

⑈00262⑈ ⑆063112605⑆ 052500100128⑆

SAFETY SYSTEM SPECIALIST

LIFE SAFETY / SECURITY / ACCESS
STATE LICENSE EF0001236

September 30, 2003

verified 10/10/03
Re-issued 3 to 5 working days

Department of State
Division of Corporation
P. O. Box #6327
Tallahassee, FL 32314

RE: SAFETY SYSTEMS SPECIALIST, INC.
CORPORATION DOCUMENT NUMBER P01000006244

Gentlemen:

Attached please find Corporation Re-Instatement form properly completed. As you Will note our address has changed, as follows:

Old address: 13791- 2 SW 147th Circle Lane
Miami, FL 33186
(this was a home address)

New address: 5600 SW 135th Avenue, Suite 204B
Miami, FL 33183
(office building address)

Due to the above change we never received forms to file the annual report.

I am attaching herewith the check for the annual report fees and trust that this will bring back our corporation to an active status. Should you need to contact us please do not hesitate to call us at (305)387-1349 or (305)387-7882.

Sincerely,

Juan A. Rodriguez
President and Qualifier

Encl. (2)