

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN -2 PH 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000055789

1. Corporation Name

FINE FIRE EQUIPMENT COMPANY, INC.

2. Principal Office Address

20340 NE 15TH CT

3. Mailing Office Address

PO BOX 630003

Suite, Apt. #, etc.

120

Suite, Apt. #, etc.

City & State

NMB, FL

City & State

NMB, FL

Zip

33179

Country

USA

Zip

33163

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 05/31/2001

5. FEI Number

59-2690130

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-59

7. Name and Address of Current Registered Agent

Name

MICHAEL JAY FINE

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

20340 NE 15TH CT

Suite, Apt. #, Etc.

120

City

NMB

State
FL

Zip Code
33163

200037579012
06/02/04-01053-012 **301.00

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

REGISTERED AGENT MUST SIGN

Date **MAY 21ST, 2004**

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
PDM	MICHAEL JAY FINE	20340 NE 15TH CT # 120	NMB, FL 33179

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:

PICS

Michael Jay Fine

05/21/04

305-945-9956

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E081 (01/04)

1

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Fine Fire Equipment Company, Inc.
PO BOX 630003
North Miami Beach, Fl 33163
305-945-9956

May 21st, 2004

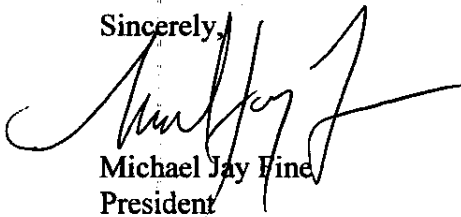
Department of State
Division of Corporations
PO Box 6327
Tallahassee, Fl 32314

To whom it may concern:

This letter is to inform you that Fine Fire Equipment Co., Inc. never received any annual report forms or any documents stating that the above company was no longer in good standing.

I ask that you please wave the reinstatement fee of \$ 600.00. As per one of your representative, I have enclosed the \$ 300.00 payment to reinstate the above corporation and respectfully ask that you accept it. If you have any questions, please call me at the number listed above.

Sincerely,



Michael Jay Fine
President