

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

APPLICATION  
FOR



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

DOCUMENT # P01000097234

1. Corporation Name

SAFE PLACE USA, INC.

Principal Place of Business

16450 SW 180 STREET.  
MIAMI FL 33187

Mailing Address

P.O. BOX 971279.  
MIAMI. FL 33197

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/05/2001

5. FEI Number

65-1155628

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	BLOCK, MATTHEW	16450 SW 180 STREET	MIAMI FL 33197
V	KLEIN, AVYSHA	16450 SW 180 STREET	MIAMI FL 33197

000008841480  
11/06/02 01146-012 \*\*150.00

02 UBR TS

8. Name and Address of Current Registered Agent

BLOCK, MATTHEW  
16450 SW 180 STREET  
MIAMI FL 33187

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/31/02

11. 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 REQUIRED  
MATTHEW BLOCK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/02 305 378-0181  
Date Daytime Phone #



October 31, 2002

Florida Division of Corporations  
Tallahassee, FL

Please be advised that due to a persistent problem at the United States Post Office that delivers mail to our box, we did not receive any previous mailing regarding filing from your office.

Therefor, I am requesting that you re-instate this corporation without penalty.

Thank you,



Matthew Block  
President