

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 15 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000035437

1. Corporation Name

Steven Dixon Sprinkler Systems, Inc

900030597079
03/17/04--01015--006 **150.00

2. Principal Office Address

901 S.W. 22nd Street

3. Mailing Office Address

901 S.W. 22nd Street

Suite, Apt. #, etc.

n/a

Suite, Apt. #, etc.

n/a

City & State

Fort Lauderdale, Fla

City & State

Fort Lauderdale, Fla

Zip

33315

Country

USA

Zip

33315

Country

USA

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

03/20/02

5. FEI Number

04-3656753

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

Richard W. Morrison

Street Address (P.O. Box Number is Not Acceptable) 1995 East Oakland Park Blvd, Suite 105

Suite, Apt. #, Etc.

City

Fort Lauderdale

State
FL

Zip Code
33306

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 02.04.04

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	Steven Dixon	901 S.W. 22nd Street	Fort Lauderdale, Fla, 33315

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]* Steven Dixon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

(954)462-2498

Daytime Phone #

CR2E061 (10/02)