

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 21 PM 4:47

DOCUMENT # P02000058514

1. Corporation Name

SAFETY 1ST, INC.

Principal Place of Business

Mailing Address

20802 NORTHWEST 14TH STREET
PEMBROKE PINES FL 33029

20802 NORTHWEST 14TH STREET
PEMBROKE PINES FL 33029



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/28/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	OSTROV, ROBERT D	20802 NORTHWEST 14TH STREET	PEMBROKE PINES FL 33029
DVST	SANTIAGO, EDWARD	20802 NORTHWEST 14TH STREET	PEMBROKE PINES FL 33029

300023966193
10/21/03--01044--014 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTERA, P.A.
1840 SOUTHWEST 22 STREET 4TH FLOOR
MIAMI FL 33145

Name

ROBERT OSTROV

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

20802 NW 14 ST.

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33029

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

REGISTERED AGENT MUST SIGN

Date 10-18-03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-18-03

Date

984-445-0645

Daytime Phone #

CR2E040 (7/03)

10-14-03

SAFETY 1ST, INC.
20802 N.W. 14th Street
Pembroke Pines, FL 33029

To Whom It My Concern:

We are a S-Corporation formed on May 28, 2002. Attached is a copy of the letter I sent earlier reference never getting information to file a UBR and a check for the required amount. I sent the letter that explained we had no prior notice for the requirements to file a UBR along with a check, but was notified that you never received it. I contacted the Division Of Corporations and was told that this second letter explaining what happened would suffice. Thank you for your patients.



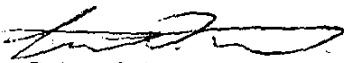
Robert Ostrov
President,
Safety 1st, Inc.

08-12-03

SAFETY 1ST, INC.
20802 N.W. 14th Street
Pembroke Pines, FL 33029

To Whom It May Concern:

We are a S-Corporation formed on May 28, 2002. We have had NO prior notice for the requirements to file a UBR.



Robert Ostrov
President,
Safety 1 St, Inc.