

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

03 DEC 26 AM 8:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000112194

1. Corporation Name

ALLIANCE FIRST AID SAFETY & SUPPLIES CORP.

Principal Place of Business

Mailing Address

P.O. BOX 570367  
MIAMI FL 33257-0367

P.O. BOX 570367  
MIAMI FL 33257-0367



REINSTATEMENT 07

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

10/17/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For  
Not Applicable

City & State

City & State

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
P	CULLEN, JACK	P.O. BOX 570367	MIAMI FL 33257

600025129646  
12/01/03--01083--015 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CULLEN, JACK  
8115 SW 184 ST  
MIAMI FL 33157

Name

Same

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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]*

REGISTERED AGENT MUST SIGN

Date 11-25-03

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-25-03

Date

Daytime Phone #

CR20040 (7/03)

**DECEMBER 20, 2003**

**DIVISION OF CORPORATIONS  
PO BOX 6327  
TALLAHASSEE, FLORIDA 32314**

**ATTN : TINA ROBERTS**

**RE: ALLIANCE FIRST AID SAFETY & SUPPLIES CORP. REF. NUMBER  
2000112194**

**IN REFERENCE TO THE ABOVE SUBJECT. ALLIANCE FIRST AID AND  
SAFETY DID NOT INCORPORATE UNTIL OCTOBER 2002 AND NEVER  
RECEIVED AN APPLICATION FOR REINSTATEMENT.**

**I HAVE SPOKEN TO ONE OF YOUR REPRESENTATIVES TODAY, AND SHE  
STATED THAT A LETTER FROM ALLIANCE ALONG WITH THE  
APPLICATION WOULD SUFFICE TO GET THE CORPORATION  
REINSTATED. YOU ALREADY HAVE OUR CHECK #590 FOR 150.00 AND  
CASHED IT ON DECEMBER 3, 2003.**

**ANY FURTHER QUESTIONS PLEASE LET US KNOW.**

**THANK YOU**

**JACK CULLEN  
ALLIANCE FIRST AID AND SAFETY CORP.**