

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000112194 1. Entity Name ALLIANCE FIRST AID SAFETY & SUPPLIES CORP.					
Principal Place of Business P.O. BOX 570367 MIAMI, FL 33257-0367				Mailing Address P.O. BOX 570367 MIAMI, FL 33257-0367	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CULLEN, JACK 8115 SW 184 ST MIAMI, FL 33157				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: JACK CULLEN 10/28/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P. CULLEN, JACK		STREET ADDRESS		
CITY-ST-ZIP	P.O. BOX 570367		CITY-ST-ZIP		
CITY-ST-ZIP	MIAMI, FL 332570367		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 10/28/04 305-255-1157 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

FILED

04 NOV -1 AM 10:44

04/22/04 9:00:15 OSS 15000

10282004 REIN-P CR2E098 (6/04)

4. FEI Number
APPLIED FOR 05-0533969 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CULLEN, JACK
8115 SW 184 ST
MIAMI, FL 33157

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

MIAMI, FL 332570367

TITLE NAME ☐ Delete

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

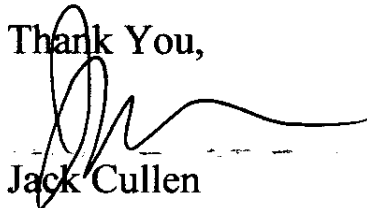
ALLIANCE FIRST AID
P.O. BOX 570367
MIAMI, FLORIDA 33257-0367

October 28, 2004

To whom it may concern:

Enclosed is the reinstatement form document # P0200112194 with the FEI Number, along with the form originally submitted. When this document was initially submitted in April 2004, the FEI Number was being applied for and a check was sent out and cashed for the amount of \$150.00. No notices were sent out to us regarding this situation until now and we should not be penalized for this. If you have any questions please feel free to call us at (305)255-1157.

Thank You,



Jack Cullen
President, Alliance First Aid