

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **P02000124445**

1. Corporation Name

**SAFE SOLUTIONS, INC.**

Principal Place of Business

Mailing Address

4601 WILD TURKEY LANE  
 ST CLOUD FL 34771

4601 WILD TURKEY LANE  
 ST CLOUD FL 34771

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~3254 Tucker Ave~~

~~3254 Tucker Ave~~

City & State  
~~St. Cloud FL~~

City & State  
~~St. Cloud FL~~

Zip Country  
 34772 Osceola

Zip Country  
 34772 Osceola

4. Date Incorporated or Qualified To Do Business in Florida

11/18/2002

5. FEI Number

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
PD	BARKLEY, FRED	4601 WILD TURKEY LANE	ST CLOUD FL 34771
			<del>600027909666</del>
			<del>600027909666</del>
			<del>600027909666</del> 01/30/04 01005-010 **750.00
			<del>600027909666</del> 01/02/04 01018-002 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BARKLEY, FRED  
 4601 WILD TURKEY LANE  
 ST CLOUD FL 34771

Name  
**REINSTATEMENT 03-09**  
 State Address or 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

*Fred Barkley*

REGISTERED AGENT MUST SIGN

Date 12-01-03

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:

*Fred Barkley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-01-03

Daytime Phone #



FILED  
 04 APR -2 AM 10:38  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

CR2E040 (7/03)