

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

*APP 1512*

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2007 FEB 16 AM 11:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P03000046122*

1. Corporation Name

*A AMUL-T-LOCKS SAFE LOCKSMITH  
INC.*

200089718952  
03/01/07--01002--012 \*\*500.00--

2. Principal Office Address - No P.O. Box #

*188 Seabreeze Circle*

3. Mailing Office Address

*PO BOX 452925*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Kissimmee, Florida*

City & State

*Kissimmee, Florida*

Zip

*34743*

Country

*OSCEOLA*

Zip

*34745*

Country

*OSCEOLA*

4. Date Incorporated or Qualified To Do Business in Florida

*4/23/2003*

5. FEI Number

*710947233*

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

*GEVANNNE A. Soto*

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

*188 Seabreeze Circle*

Suite, Apt. #, Etc.

City

*Kissimmee*

State

*FL*

Zip Code

*34743*

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Gevanne Soto*  
REGISTERED AGENT MUST SIGN

Date

*2/12/07*

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
<i>D</i>	<i>GEVANNNE A. Soto</i>	<i>188 Seabreeze Circle</i>	<i>Kissimmee, FL 34743</i>
<i>D</i>	<i>JUANAY. Portorreal</i>	<i>188 Seabreeze Circle</i>	<i>Kissimmee, FL 34743</i>
		<i>B 2/19/07</i>	
		<b>REINSTATEMENT 04-07</b>	

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 contained in Chapter 119, 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: *Juanay Portorreal* *2/12/07 (407) 348-5022*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Mayer*

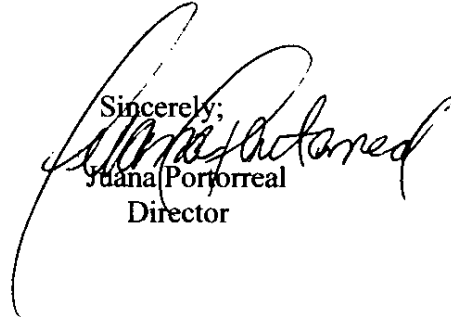
**AA MUL-T-LOCKS & SAFE INC.  
PO BOX 452925  
KISSIMMEE, FL 34745**

To Whom It May Concern:

This letter is to inform the company, never received the annual report notice for the following years: 2004, 2005, 2006 and 2007. We would like to be considered and waive any late fee. In addition, we look forward to pay the reinstatement fee. We have enclosed a check with the amount of \$600.00; to bring us back to the current year.

Document number: **P03000046122**

Sincerely;



Juana Porroreal  
Director