

450.00

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR 16 PM 12:59

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P03000087357

1. Corporation Name

South Florida Safety Equipment and Maintenance Corp

2. Principal Office Address

2288 SW 5 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip
33135

Country
USA

3. Mailing Office Address

2288 SW 5 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip
33135

Country
USA

REINSTATEMENT 04-06
CP2E08/12/05

4. Date Incorporated or Qualified
To Do Business in Florida 08/08/2003

5. FSI Number
20-0139875

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
Milton Llanes

Street Address (P.O. Box Numbers Not Acceptable)
2288 SW 5 Street

Suite, Apt. #, Etc.

City
Miami, FL

State
FL

Zip Code
33135

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

Date 03/13/2006

REGISTERED AGENT MUST SIGN

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
P	Llanes, Milton	2288 SW 5 ST	Miami, FL 33135

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04/04/06 01055 009 ***450.00

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:

[Signature]

03/13/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 13, 2006

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: P03000087357

Attn: Renewal Dept:

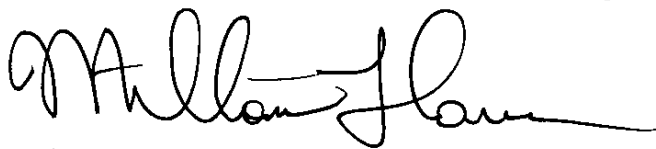
Gentlemen:

In reference to the above mentioned corporation, please be advised that we never received the renewal notice.

We contacted your renewal department and they advised us to write a letter and specify what happened and to submit the original annual fee and you would renew the corporation.

Your cooperation in this matter is anticipated and appreciated.

Thank you,
South Florida Safety Equipment and Maintenance Corp

x 

Milton Llanes
President