

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 MAR -8 PH 2:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P04000002161**

**1. Corporation Name**

FLORIDA STATE FIRE PROTECTION, INC

**2. Principal Office Address**

4156 SW 96th AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33165

Country

USA

**3. Mailing Office Address**

4156 SW 96th AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33165

Country

USA

**REINSTATEMENT 04-05**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12/22/03

**5. FEI Number**

57-1195955

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

ANTONIO LUVARA

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

4156 SW 96th AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33165

**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

REGISTERED AGENT MUST SIGN

Date

**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	ANTONIO LUVARA	4156 SW 96th AVENUE	MIAMI, FL 33165

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

Date

Daytime Phone #

02/25/05

CR2E081 (9/01)

267

**Florida State Fire Protection, Inc.**  
**4156 SW 96<sup>th</sup> Avenue**  
**Miami, FL 33165**  
**Tel# 786-210-6508**

February 25<sup>th</sup> 2004

Department of State  
Uniform Business Report  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

This letter is to inform you that **Florida State Fire Protection, Inc.** doc# **P04000002161** never received the renewal for the annual report for 2004. I was not aware I had to renew the corporation every year. Attached you will find the payment for 2004 and 2005.

Can you accept my apologies for over looking this issue and please accept my check for 2004 and 2005 to activate my corporation.

My address is on top of this letter I apologies for this inconvenience. If you have any questions please call me at the number above.

Sincerely



Antonio Luvara  
President