

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

1. Corporation Name

*SAFETY TEAM CORPS INC*  
*PD4000019894*

06 DEC 15 PM 1:11

STATE  
ALL CASES, FLORIDA

2. Principal Office Address

*3600 South State*

Suite, Apt. #, etc.

*ROAD 7 #201*

City & State

*MIRAMAR FLORIDA*

Zip  
*33023*

Country  
*USA*

3. Mailing Office Address

*3600 South State*

Suite, Apt. #, etc.

*ROAD 7 #201*

City & State

*MIRAMAR FLORIDA*

Zip  
*33023*

Country  
*USA*

**REINSTATEMENT**

*2006*

4. Date Incorporated or Qualified  
To Do Business in Florida

*12/31/03*

5. FEI Number

*83-0393195*

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

*MILORD VITAL*

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

*6733 ARBOR DRIVE*

Suite, Apt. #, Etc.

City

*MIRAMAR*

State

*FL*

Zip Code

*33023*

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

*12/10/06*

**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>P</i>	<i>MILORD VITAL</i>	<i>6733 ARBOR DRIVE</i>	<i>MIRAMAR FL 33023</i>

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*12/10/06*

Daytime Phone #



## SAFETY TEAM CORPS, INC.

3600 S STATE ROAD 7 MIRAMAR FLORIDA 33023  
SUITE#201  
PHONE.9549652591 FAX.9549652592 E-MAIL  
vitalmilord@aol.com

12/10/2006

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O BOX 6198  
TALLAHASSE, FL 32314-6198

**DOCUMENT #P04000019894**

**This is to inform you that I have not received any notice to file my annual report.  
Please make any correction on my fee. The attached is a check for \$150.**

Thank you

**Milord Vital  
President**