

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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06 DEC 22 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000107457

1. Corporation Name
Major Safety Inc.

2. Principal Office Address 7222 NW 56 St. 11		3. Mailing Office Address 11	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FL		City & State 11	
Zip 33166	Country Miami-Dade	Zip 33166	Country 11

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 7/20/2004

5. FEI Number ☒ 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: Alex Major

Street Address (P.O. Box Number is Not Acceptable): 7222 NW 56 Street

Suite, Apt. #, Etc.

City: MIAMI FL State: FL Zip Code: 33166

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] Date: 12/20/06

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.T.S.	Alex Major	7222 NW 56 St	Miami, FL 33166
V.P.	Valerie Major	7222 NW 56 St	MIAMI, FL 33166

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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] 12/20/06 305-436-2222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

6. Attached DEC 22 2006

ZofZ



7222 N. W. 56 Street
Miami, Florida 33166 USA
Tel: 305-436-2222
Fax: 305-436-1122
E-mail: majorsafety1@aol.com

December 20, 2006

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

To whom it may concern;

Please waive the reinstatement fee for Major Safety, Inc., document number #P04000107457, we did not receive the annual filing notice. Enclosed you will find a check for Three Hundred Dollars (\$300.00) for the 2005 Annual Report and the 2006 Annual Report.

Sincerely

Alex Major
President