

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

00 JUL 28 PM 2:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P14919**

1. Corporation Name  
**ELSAFE, INC.**

2. Principal Office Address  
**4303 Vineland Road**  
Suite, Apt. #, etc.  
**F-15**

City & State  
**Orlando FL**

Zip Country  
**32811 32811**

3. Mailing Office Address  
**9333 FOREST Lane**  
Suite, Apt. #, etc.

City & State  
**Dallas TX**

Zip Country  
**75243 U.S.A.**

**REINSTATEMENT**

**99-00**

4. Date Incorporated or Qualified To Do Business in Florida - **10/15/1985**

5. FEI Number **59-2657568** 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  
**CSC**

Street Address (P.O. Box Number is Not Acceptable)  
**1201 HAYS STREET**  
Suite, Apt. #, Etc.

**800003349558-3**  
**-08/08/00-01078-011**  
**\*\*\*\*900.00 \*\*\*\*900.00**

City  
**TALLAHASSEE**

State Zip Code  
**FL 32301**

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 **Joseph Sardina**  
REGISTERED AGENT MUST SIGN

Date **May 31, 2000**

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.-	Victor Sandre	5541 Deer Creek Dr.	Orlando FL 32821
D	Mats Gustafsson	4345 San Carlos St.	Dallas TX 75205
D	Joseph Sardina	924 Rachele Dr.	Red Oak TX 75154

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: **Joseph Sardina** **Joseph Sardina** **May 31, 2000** **(972)907-2273**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)