

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

32811

Country

32811

3. Mailing Office Address

9333 FOREST Lane

Suite, Apt. #, etc.

City & State

Dallas TX

Zip

75243

Country

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

****300.00 ****300.00

City

TALLAHASSEE

State

FL

Zip Code

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 Rachelle 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

Date

(972) 907-2273

Daytime Phone #