APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JUL -6 PM 2: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P37577

1. Corporation Name

LUMIDOR SAFETY CORPORATION

4000025B5584-- 8
-07/10/98--01083--017
****158.75 ****158.75

Principal Place of Business	Mailing Address
11221 INTERCHANGE CIR S MIRAMAR FL 33025 US	49050 MILMONT DR FREMONT CA 94538 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida		
		02/20/1992		
Suite, Apt. #, etc.	Suite, Apt. #, etc. 4900 Hopyard Rd. #210	5. FEI Number 65-0281063		Applied For
City & State	City & State Pleasanton, CA 94588			Not Applicable
Zip	Country	Zip 94588	Country Alameda	6. CERTIFICATE OF STATUS DESIRED ☒	$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PST	HAWKINS, JAMES B.	~~865 MONTEVINO~~ 4900 Hopyard Rd. #210	PLEASANTON CA
D	HAWKINS, JAMES B.	~~865 MONTEVINO~~ 4900 Hopyard Rd. #210	PLEASANTON CA
D	GOGGIO, E.C.	~~49050 MILMONT DR~~ 4900 Hopyard Rd. #210	~~FREMONT CA~~ Pleasanton, CA
		REINSTATEMENT 97-98 7/6/98	

9000025B5599-- 1
-07/10/98--01083--018
****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET Suite, Apt. #, Etc. City TALLAHASSEE State FL Zip Code 32301

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ *Carol K Dole* _____   Date 5-28-98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.   Yes ☒   No ☐

(See other side for information on intangible tax.)

12. 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: _____ *James B. Hawkins* _____   5/26/98   925-468-7600

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

CR2E040 (8/97)