

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

01 FEB 16 AM 8:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000002432

1. Corporation Name

FIRE SYSTEMS, INC.

100003784051--8  
-02/27/01--01149--002  
\*\*\*1050.00 \*\*\*1050.00

2. Principal Office Address

1360 SW 32<sup>nd</sup> WAY

Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

Zip

33442

Country

USA

3. Mailing Office Address

1360 SW 32<sup>nd</sup> WAY

Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

Zip

33442

Country

USA

**REINSTATEMENT**

99-01

4. Date Incorporated or Qualified  
To Do Business in Florida

1/7/93

5. FEI Number

65-0398409

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

Donald Lubowicki

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

1360 SW 32<sup>nd</sup> Way

Suite, Apt. #, Etc.

City

Deerfield Beach

State  
FL

Zip Code

33442

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

*Donald Lubowicki*

REGISTERED AGENT MUST SIGN

Date

2/14/01 LS

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/p/s/r Donald Lubowicki

5851 Holmberg Rd, Unit 2a11

Parkland, FL 33067

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/01 954.570 9860

Date

Daytime Phone #