PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION FOR REINSTATEMENT

96097AR

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

FILED
97 SEP 4 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000049910

1. Corporation Name

AARON INDUSTRIAL SAFETY, INC.

Principal Place of Business	Mailing Address
6871 N.W. 37TH COURT MIAMI, FLORIDA 33147	P.O. BOX 112855 HIALEAH, FL33010

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida 7/14/93

5. FEI Number 65-0423551 ☐ Applied For ☐ Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Omar Parets	1012 E. 20th St	Hialeah, Fl 33013

000002288560--2
-09/09/97--01071--001
****365.00 ****365.00

8. Name and Address of Current Registered Agent

Omar Parets
6871 NW 37 Court
Miami, Fl 33147

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State FL | Zip Code

CR2E040 (12/96)

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 Omar Parets Date

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: Omar Parets OMAR PARETS 8-8-97 305-835-8871

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

2 of 2

AARON INDUSTRIAL SAFETY, INC.

6871 NW 37 COURT ♦ MIAMI, FL 33147 ♦ U.S.A.
Phone 305 635-8877♦ Fax 305 696-0888

AUGUST 21,1997

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

RE: 203. REINSTATEMENT (CORP)

AS OF JUNE 26, 1997 WE MOVED TO OUR CURRENT LOCATION WHICH APPEARS ON OUR LETTERHEAD. WE TOOK SEVERAL ACTIONS IN ORDER NOT TO LOSE OR DELAY ANY MAIL. WE HAD A FLYER MADE IN WHICH WE SENT EVERYONE WE COULD THINK OF. WE ALSO FORWARD THE MAIL FROM OUR OLD LOCATION TO THE NEW ADDRESS FOR OVER TWO YEARS. THIS RENEWAL BILL WAS NEVER RECIEVED.
PLEASE TAKE IN CONSIDERATION OUR SITUATION. PLEASE REINSTATE US AS SOON AS POSSIBLE.

THANK YOU FOR YOUR COOPERATION.

Omar Parets

OMAR PARETS
PRESIDENT (REGISTERED AGENT)