PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED 10/18/96
AND
FILED

1996 OCT 18 PM 6:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # **P93000058335**

1. Corporation Name

RELIABLE SPRINKLERS, INC.

Principal Place of Business	Mailing Address
7545 CUTLASS AVE. N BAY VILLAGE FL 33141	7545 CUTLASS AVE. N BAY VILLAGE FL 33141

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: 08/16/1993

5. F E I Number: 65-0452635 [ ] 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)

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
D	PUSHKIN, ROBERT L	7545 CUTLASS AVE	N BAY VILLAGE FL 33141
D	PUSHKIN, KIM	7545 CUTLASS AVE	N BAY VILLAGE FL 33141

700001984507--5
-10/23/96--01031--010
****225.00 ****225.00

8. Name and Address of Current Registered Agent

GARY IAN NESBITT, P.A.
444 BRICKELL AVE
S-1000
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name: GARY IAN NESBITT, P.A.
Street Address (P.O. Box Number is Not Acceptable): 2800 BISCAYNE BLVD.
Suite, Apt. #, Etc.: 9TH FLOOR
City: MIAMI | State: FL | Zip Code: 33137

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: [signature] REGISTERED AGENT MUST SIGN

Date: 9/20/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] 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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 10.10.96

Daytime Phone #: 866.966.5

CR2E040 (7-95)

#83292

Reliable Sprinklers

10·10·96

To whom It may Concern.

I am writing this letter as per your office request to notify this office that our corporation annual report was sent June 21, 1996 with check 2505 for 225.00.

Unfortunately, it was never received by your office. If you have any questions, please contact our office at the number below.

Sincerely,

Tyrone Fisk

7545 Cutlass Avenue, Miami Beach, Florida 33141 • (305) 866-9625