

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

1996 OCT 18 PM 6:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000058335

1. Corporation Name

RELIABLE SPRINKLERS, INC.

Principal Place of Business

7545 CUTLASS AVE.
N BAY VILLAGE FL 33141

Mailing Address

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/16/1993

5. FEI 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)

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

700001984507--S
-10/23/96--01091--010
****225.00 ****225.00

180
WRITABLE

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]
THE 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 ☒ 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:

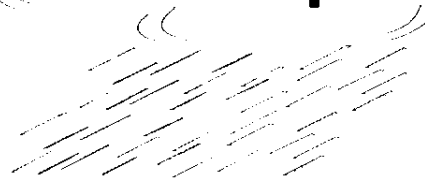
SIGNATURE AND TYPE D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-96 866-9625
Date Daytime Phone #

CR2000 17 96

48292

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,
Kirk E. Hulse