OCT-19-00 11:08 FROM-AKERMAN SENTERFITT 904-798-3730

FILED
SECRETARY OF STATE
CORP H00000055192

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APPLICATION FOR REINSTATEMENT

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

REINSTATEMENT 00

DOCUMENT # P94000001744

1. Corporation Name

SAFETY TECHNOLOGY PRODUCTS, INC.

Principal Place of Business	Mailing Address
1867 CARAVAN TRAIL #105 JACKSONVILLE FL 32216	1867 CARAVAN TRAIL #105 JACKSONVILLE FL 32216

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: 01/01/1994

5. FEI Number: 59-3221934 ☐ 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 3	City / State / Zip 4
D	GRAVETTE, MICHAEL	1867 CARAVAN TRAIL, #105	JACKSONVILLE FL 32216

8. Name and Address of Current Registered Agent

MOSELEY, WARREN, PRICHARD & PARRISH, P.A.
501 WEST BAY STREET
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name: MOTOLAW, Inc.
Street Address (P.O. Box Number is Not Acceptable): 50 North Laura Street
Suite, Apt. #, Etc.: Suite 2750
City: Jacksonville State: FL Zip Code: 32202

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: Gregory M. Dawson Gregory M. Dawson, Vice Pres. Date: 10/19/2000
REGISTERED AGENT MUST SIGN

11. 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.

1 AD

SIGNATURE: Michael Gravette 10.16-00 904 720-2183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Michael Gravette

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