PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
96 DEC 31 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000089379**

1 Corporation Name

AMERICAN FIRE SAFETY PRODUCTS, INC.

Principal Place of Business	Mailing Address
29656 US 19 N. STE. 220 CLEARWATER FL 34621 US	29656 US 19 N. STE. 220 CLEARWATER FL 34621 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 9L

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: 12/09/1994

5. FEI Number: 59-3284028 ☐ 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	~~ANTE, WILLIAM~~ PHILLIPS, DEBORAH S.	~~917 PARKSIDE LANE~~ 29656 U.S. HIGHWAY 19 N. # 215	~~SAFETY HARBOR FL 34695~~ CLEARWATER, FL. 34621
D	BENNER, ARTHUR	8525 PINAFORE DRIVE	NEW PORT RICHEY FL 34653
D	~~BENNER, CAROLYN~~ ERIC R. WILLIAMS III	~~8525 PINAFORE DRIVE~~ 2040 N.E. 39th STREET	~~NEW PORT RICHEY FL 34653~~ OCALA, FLORIDA 34479
D	HAMMER, HAL	~~2689 ORCHARD HIGHLANDS DRIVE~~ 13104 QUIETWOODS ROAD	~~PALM HARBOR FL 34684~~ WELLINGTON, FL. 33414
D	SCHULTZ, CHARLES N III	8435 QUAIL RUN DRIVE	ZEPHYRHILLS FL 33544
D	WISEMAN, TIMOTHY S	4455 EDWARDS ROAD	PLANT CITY FL 33587 JBL-2-97

8. Name and Address of Current Registered Agent

HAMMER, HAL
~~28050 U.S. HIGHWAY 19 NORTH~~ 29656 U.S. HIGHWAY 19 N.
~~CORPORATE SQUARE SUITE 304~~ TROPICANA INDUSTRIAL SUITE 209
~~CLEARWATER FL 34621~~ CLEARWATER, FL. 34621

9. Name and Address of New Registered Agent

Name: 900002051869--3
Street Address (P.O. Box Number is Not Acceptable): 01/09/97--01015--009
Suite, Apt. #, Etc.: ****375.00 ****375.00
City: State: FL Zip Code:

CR2E040 (7/96)

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: Hal Hammer SIGNATURE REQUIRED — Date: 26 DECEMBER 1996
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: Hal Hammer SIGNATURE REQUIRED DIRECTOR — 26 DEC 1996 — (813) 781-3660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
HAL HAMMER DIRECTOR

000C058 AP