

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



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

97 OCT 29 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000016470

1. Corporation Name

AMERICAN SAFETY TECHNOLOGY RESOURCES & ASSISTANCE, INC.

Principal Place of Business

3436 SHORE COURT
LAND O LAKES FL 34639

Mailing Address

3436 SHORE COURT
LAND O LAKES FL 34639



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

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

02/27/1995

5. FEI Number

59-3304162

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
DP	HARDESTY, CHARLES T	3436 SHORE COURT	LAND O LAKES FL 34639
TD	HARDESTY, SYLVIA	3436 SHORE COURT	LAND O LAKES FL 34639
SD	VERNON, MICHELLE	531 N.W. 132ND TERRACE	PLANTATION FL 33325

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-10/31/97--01068--002
****750.00 ****750.00

8. Name and Address of Current Registered Agent

SOUTHEAST BUSINESS SOLUTIONS, INC.
531 N.W. 132ND TERRACE
PLANTATION FL 33325

9. Name and Address of New Registered Agent

Name
CHARLES T. HARDESTY
Street Address (P.O. Box Number is Not Acceptable)
3436 SHORE COURT
Suite, Apt. #, Etc.

City
LAND O LAKES

State
FL

Zip Code
34639

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

Charles T. Hardesty
REGISTERED AGENT MUST SIGN

Date **10/25/97**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:

Charles T. Hardesty
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P.R.S.

10/25/97 (813)996-6000
Date Daytime Phone #

CR2ED40 (8/97)