

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

DOCUMENT # P95000034593

99 OCT 22 PM 1:16

1. Corporation Name
SAFE-STRIQE INTERNATIONAL, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 9225 ULMERTON UNIT-D LARGO FL 34641 US	Mailing Address P O BOX 11823 ST PETERSBURG FL 33771 US
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7/28/99 90019/009 \$550.00

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

2. New Principal Office Address, if Applicable 6549 Golden Horseshoe Dr Suite, Apt. #, etc.	3. New Mailing Office Address, if Applicable Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 04/27/1995
City & State SEMINOLE FL	City & State	5. FEI Number 50-3312072
Zip 33777	Country P. W. HAS	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		7. State of Incorporation FL

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	4. City / State / Zip
D	COLFELS, RICHARD	6328 AUGUSTA BLVD	SEMINOLE FL 34647
			LS

8. Name and Address of Current Registered Agent GOULD, HERBERT E 3836 CENTRAL AVE ST PETERSBURG FL 33711	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0606, F.S.
 Signature of Registered Agent: Herbert E. Gould **REQUIRED** Date: 10-19-99
 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.

SIGNATURE: Richard E. Colfels **REQUIRED** COLFELS Date: OCT 19, 1999
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #
 727-3990188

CS22500 (2/99)

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FLORIDA DEPARTMENT OF STATE
DIVISIONS OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

October 19, 1999

Gentlemen or Madam:

I recently received a Notice of Dissolution or Revocation.

My attorney sent in the annual fee which I was informed by your office that the check was deposited but the form was not signed by my attorney.

Your office returned the form for signature but evidently it was lost in the mail.

I was instructed to resubmit the Application for Reinstatement which I have included with this letter.

Sincerely,



Richard E. Colfels
Safe-Stride International, Inc.

Mailing address: P.O. Box 11823
St. Petersburg, FL 33771