

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # **P96000575663**

1. Corporation Name

SAFETY Solutions, Inc.

2. Principal Office Address

4672 Bucida Road

Suite, Apt. #, etc.

3. Mailing Office Address

4672 Bucida Rd

Suite, Apt. #, etc.

City & State

Boynton Beach FL

Zip

33436

Country

USA

City & State

Boynton Beach FL

Zip

33436

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/09/1996

5. FEI Number

65-07-12356

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

TRACEY K. REIMER

Street Address (P.O. Box Number is Not Acceptable)

4672 Bucida Road

Suite, Apt. #, Etc.

500003471885-3

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******150.00 ****150.00**

City

Boynton Beach

State

FL

Zip Code

33436

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Tracey K. Reimer

REGISTERED AGENT MUST SIGN

Date **10/27/2000**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	TRACEY K. Reimer	4672 Bucida Road	Boynton Beach, FL 33436
VP	Michael T. Reimer	4672 Bucida Road	Boynton Beach, FL 33436

10. 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:

Tracey K. Reimer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/2000

Date

Daytime Phone #



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October 26, 2000

Department OF State
Division Of Corporations
409 East Gains Street
Tallahassee, FL 32314

Dear Katherine Harris,

Last week I contacted your office regarding our status with the state. I would like to take the time to let you know that I was helped in the most professional and courteous manner by members of your staff. I completely understand it is my responsibility to ensure that our office address is updated on all preprinted forms forwarded to your office. Also, due to the US Postal Service not forwarding our mail appropriately we did not receive any notices from your office. With that said corrective measures have been put in place to ensure this will never happen in the future. I would like to respectfully request that you waive the late fee as it would pose severe financial burden to our small business. Again, I appreciate all of the assistance as I was unaware of this small but most important detail.

Sincerely,


Tracey Reimer
President