

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P97000005868

1. Corporation Name

ADVANCED FIRE & SAFETY SYSTEMS, INC.

Principal Place of Business

Mailing Address

1001 W CYPRESS CREEK ROAD
SUITE 116
FT LAUDERDALE FL 33309
US

1001 W CYPRESS CREEK ROAD
SUITE 116
FT LAUDERDALE FL 33309
US

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

01/15/1997

5. FEI Number

65-0721841

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
P	FEERO, BRIAN	411 N 65TH TERR	HOLLYWOOD FL 33024
VP	RODE, ERIC	1001 W CYPRESS CREEK ROAD, STE 1	FT LAUDERDALE FL 33309

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RODE, ERIC
1001 W CYPRESS CREEK ROAD
SUITE 116
FT LAUDERDALE FL 33309

Name
BRIAN FEERO
Street Address (P.O. Box Number is Not Acceptable)
411 N 65TH TERR
Suite, Apt. #, Etc.

City
HOLLYWOOD
State
FL
Zip Code
33024

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10-16-00

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-00 954-771-7070
Date Daytime Phone #



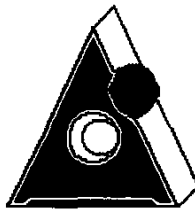
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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ADVANCED FIRE & SAFETY INC.

1001 W. CYPRESS CREEK ROAD SUITE # 116
FT. LAUDERDALE FLORIDA 33309
(954) 771-7070 OFFICE (954) 771-0666 FAX
WWW.ADVANCEDFIRE.NET
STATE & U.L. CERTIFIED
EF # 0001042 UL # S7195-1

Oct. 4, 2000

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: Advanced Fire & Safety Systems, Inc.
2000 Uniform Report FEI 65-0721841

Dear Sir/Madam,

Enclosed please find a corporation reinstatement form and a check for \$ 150 for the Year 2000 Uniform Report. We request reinstatement at the normal fee of \$ 150 without penalties because we did not receive the report, nor did we receive any follow-up correspondence. We changed our address in 1999 but we never did receive the report. We just found out we were inactive from a vendor checking our status. We did not know we were inactive.

Based on our address change (enclosed is a copy of our 99 form with the change) we request an abatement of the reinstatement fee of \$.600.00

Thank you for your help in this matter.

Sincerely

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