

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

98-0014BR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 19 AM 9:03

DOCUMENT # P97000050238

1. Corporation Name

FIREQUIP, INC.

2. Principal Office Address

13740 LAKE POINT CT.

Suite, Apt. #, etc.

City & State

PORT CHARLOTTE, FL

Zip
33953

Country
US

3. Mailing Office Address

P.O. Box 1357

Suite, Apt. #, etc.

City & State

BOCA GRANDE, FL

Zip
33921

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida

JUNE 5, 1997

5. FEI Number

56-2040523

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

JAMES DUDLEY deMAINE

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

13740 LAKE POINT CT.

Suite, Apt. #, Etc.

City

PORT CHARLOTTE

State

FL

Zip Code

33953

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

James Dudley deMAINE
REGISTERED AGENT MUST SIGN

Date 6/14/00

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/D	JOHN C. deMAINE	569 BUTTWOOD BAY DR.	BOCA GRANDE, FL 33921
V/S/D	JAMES. D. deMAINE	13740 LAKE POINT CT.	PORT CHARLOTTE, FL 33953
M/D	MARK. H. SPRACKLIN	4340 CAPE HAZE DR.	PLACIDA, FL. 33946
			6/27

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:

James Dudley deMAINE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES DUDLEY deMAINE 6/14/00

Date

(941) 964-0708

Daytime Phone #

CR2E081 (9/99)