

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 AUG 28 AM 8:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # Pa8000062003

**1. Corporation Name**

FIRESTOPPING SERVICES, INC.  
15702 SW 137 Court  
Miami, Florida 33177

**2. Principal Office Address**

15702 SW 137 Court

Suite, Apt. #, etc.

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33177

Country

USA

Zip

Country

**REINSTATEMENT**

600021749146  
07/23/03--01067--006 \*\*750.00  
06-11-02 90398 047 \$ 150.00

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

65-0852543

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

Carlos A. Bernal

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

15702 SW 137 Court

Suite, Apt. #, Etc.

Miami, Florida 33177

City

Miami

State

FL

Zip Code

33177

**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

Date

7.21.03

REGISTERED AGENT MUST SIGN

**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
PD	Carlos A. Bernal	15702 SW 137 Court	Miami, FL 33177

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7.21.03

Daytime Phone #

305.525.4513

CRZE081 (10/02)