PLEASE READ ALL INSTRUCTIONS, BEFORE COMPLETING THIS FORM.

APPLÍCATION

FOR

KÉINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P99000046637**

1. Corporation Name

LIFE SAFETY HEALTH, INC.

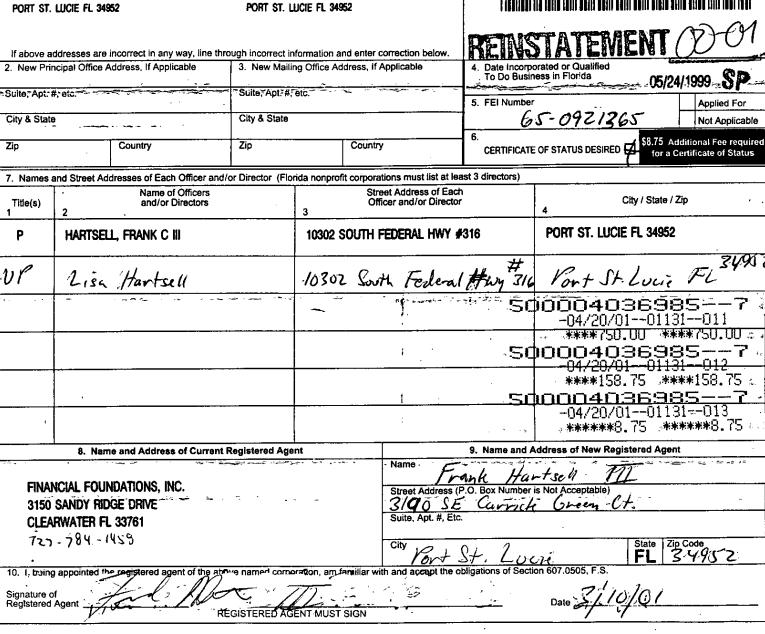
Principal Place of Business

Mailing Address

10302 SOUTH FEDERAL HWY #316 PORT ST. LUCIE FL 34952 10302 SOUTH FEDERAL HWY #316

FILED
OI APR 13 PM 12: 45

SECKLIARTOF STATE TABLAHASSEE, FLORIDA



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

Frank Hartsell II 2/28/01/56/)337-1229

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.