

PLEASE READ ALL INSTRUCTIONS, BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 APR 13 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
PORT ST. LUCIE FL 34952



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

02-01

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/24/1999 SP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0921365

Not Applicable

Zip

Country

Zip

Country

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	HARTSELL, FRANK C III	10302 SOUTH FEDERAL HWY #316	PORT ST. LUCIE FL 34952
VP	Lisa Hartsell	10302 South Federal Hwy #316	Port St. Lucie FL 34952
			500004036985--7 -04/20/01--01131--011 ****750.00 ****750.00
			500004036985--7 -04/20/01--01131--012 ****158.75 ****158.75
			500004036985--7 -04/20/01--01131--013 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FINANCIAL FOUNDATIONS, INC.
3150 SANDY RIDGE DRIVE
CLEARWATER FL 33761
727-784-1459

Name: Frank Hartsell III
Street Address (P.O. Box Number is Not Acceptable): 3190 SE Carrick Green Ct.
Suite, Apt. #, Etc.:
City: Port St. Lucie State: FL Zip Code: 34952

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

Frank Hartsell III
REGISTERED AGENT MUST SIGN

Date: 3/10/01

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: *Frank Hartsell III* Frank Hartsell III 2/28/01 (561)337-1229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #