

# APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P99000074189

### 1. Corporation Name

**ONSITE SAFETY SYSTEMS, INC.**

Principal Place of Business

7716 FERNBROOK WAY  
WINTER PARK FL 32792

**Mailing Address**

2822 FORSYTH RD  
102  
WINTER PARK FL 32792

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

4. Date Incorporated or Qualified To Do Business in Florida

08/19/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Winter Park FL

City &amp; State \_\_\_\_\_

Zip 32792	Country Seminole
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**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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	AULT, JAY	7716 FERNBROOK WAY 1106 MARTIN BLVD	WINTER PARK FL 32792- ORLANDO FL 32828
			300004659753--7 -10/30/01--01088--010 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

**9. Name and Address of New Registered Agent**

AULT, JAY-  
7716 FERNBROOK WAY  
WINTER PARK FL 32792

Name Jay Avila

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

1106 Martin Blvd

Suite, Apt. #, Etc.

0

City Orlando

State  
**FL**

Zip Code  
328

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

REGISTERED AGENT MUST SIGN

Date \_\_\_\_\_

10-12-01

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #

CB2F040 (8/01)



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October 12, 2001

Florida Department of State  
**Katherine Harris / Secretary of State**  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Uniform Business Report.

On April 21, 2001, we issued you a check in the amount of \$150.00 along with our Uniform Business Report. Surprising, in the mail today, we have received a notice of Dissolution of Revocation. Immediately, we spoke with one of your representative in order to confirm that this was in error. Unfortunately, after checking with our bank, the check issued to the Department of State has never cleared. Your representative informed us to reissue the check along with a letter. So please accept this letter along with this second Uniform Business Report and another check for \$150.00. I am sorry for the inconvenience and thank you for your cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read "JAult", with a long horizontal line extending to the right.

Jay Ault  
Onsite Safety Systems, Inc.

Enclosure

JA/mg