PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED

OI FEB 19 PM 3: 16

| | COD WE THE | DIVISION OF CORPORATIONS | SECRETARY OF STATE |
|---|---|--|--|
| DOCU | JMENT #S0984 | 1 | TALLAHASSEE, FLORIDA |
| 50 | othern Fire C | ontrol, Inc. | |
| | | | . 0 |
| | | | ₽A. |
| 2. Principa | al Office Address | 3. Mailing Office Address | REINSTATEMENT 00-01 |
| 1630 | DNW48 AVE 1 | 6205 NW 48 Ave. | WEINS IN FINITION |
| Suite, Apt. # | | Suite, Apt. #, etc. | 4. Date Incorporated or Qualified |
| City & State | | City & State | To Do Business in Florida To Do Business in Florida Do Do Business in Florida Applied For |
| Miar | | Miami, FL | 5. FEI Number Applied For Not Applicable |
| Zip | DI4 Miami-Dode | zip country 33014 Miami-Dad | 6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status |
| 7. Name and Address of Current Registered Agent | | | |
| | Name O | | |
| | Street Address (P.O. Box Number is Not | Acceptable) | |
| | Suite, Apt. #, Etc. | rell key Dr. | |
| | 90He 805 |) | |
| | city Miami | | State Zip Code FL 33131 |
| 8. I, being | appointed the registered agent of the above | named corporation, am familiar with and accept the | e obligations of section 607.0505 or 617.0503, F.S. |
| Signature of Registered | | Chul | Date Jan, 24, 200/ |
| | | ISTERED AGENT MUST SIGN | |
| 9. Names | | r Director (Florida nonprofit corporations must list a | |
| Titles | Name of Officers and/or Directors | Street Address of E Officer and/or Dire | |
| P | Victor H. Johns | 300 1783 GW 136 | nd Way Davie FL 33335 |
| \vee | Christ-Charly To | hrean 11460 NW DE | to ST. Plantation, FC 33382 |
| | Christopre W.SO | THOM HADO NA SC | St. Carrent S 33 |
| بالايد. | | | |
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| 40 | | | |
| | | | as provided for in chapter 607 or 617, F.S. I further certify that when filing fies 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

CTOR JOHNSON 1/23/01 (305)6

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

NATURE AND TYPEOOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR