PLEASE READ	ALL INST	RUČTÍ	IS BEFORE C	OMPLET	ING THIS FORM.	
APPLICATION FOR REINSTATEMENT	FOR FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State				FILED	
DOCUMENT # 512748				97 FEB 26 AM 10: 39		
1. Corporation Name SUNSHINE STATE FIRE 9 SAFETY			inc. W97-238	GEORETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business 1434 FLEXCHER ST HOCLYWOOD FR 33020	TT.	P.OB Duyua 350	0x 22323 00 FZ 04 2			
above addresses are incorrect in any way, line through incorrect infi New Principal Office Address, If Applicable 3. New Mailing		formation and enter correction below. g Address, If Applicable		Date Incorp To Do Rusin	DO NOT WRITE IN THIS SPACE orated or Qualified ness in Florida	
Suite, Apt #, etc	#, etc Suite, Apt. #, etc.			5. FEI Number	11-12-90	
City & State	City & State		1.	65-0	Applied For Not Applicable	
Zip Country	Zip	Cou	intry	6. CERTIFICATE	E OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status	
Names and Street Addresses of Each Officer and Name of Officers	or Director (Flori	·	orations must list at lea			
Talle(s) and/or Directors		Officer and/or Director 3 (Do NOT Use Post Office Box Nu		r Numbers)	City / State / Zip	
Pars WILLIAM J. WACHOUSIC		HOLLYMOOD PE 33000 HOLLYMOOD FE 33000				
				1 C	00021012314 -02/28/9701072009 ****585.00 *****585.00	
8. Name and Address of Current Registered Agent 9. 1					ENT 95-96 227197	
Name Name			P.O. Box Number	is Not Acceptable)		
1434 FLETCHER ST HOLLYWOOD FL 33000			Suite, Apt. #, Etc	Suite, Apt. #, Etc. City State Zip Code		
10. I, being appointed the registered agent of the abs	ove named corpor	ation, am familia Occili NT MUST SIGN	r with and accept the o	bligations of Secti		
11. Does this corporation pay a Dept. of Revenue under S.	any intangi 199.032, I	ible tax to Florida St	the atutes. Yes	☐ No ☐	(See other side for information on intangible tax.)	

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all
lees owed by the corporation have been paid. 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: William William J. William J. Waltowsky 12/30/96 954 9220354

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Dayling Phone #