FROM : DC&ASSOIATES PHONE NO. : 4078313537 May. 23 2001 07:11AM P1

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~CORPORATION~~ ~~REINSTATEMENT~~ FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

98-01082

FILED
01 SEP 12 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S 21716

1. Corporation Name
LIFE SAFETY EQUIPMENT, INC.

000004602960--9
-09/20/01--01078--001
****600.00 ****600.00

2. Principal Office Address	3. Mailing Office Address
159 DUNCAN TRAIL	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LONGWOOD, FL	City & State
Zip: 32779 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 12-19-90

5. FEI Number: 59-3048785 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: PAMELA ARTHUR

Street Address (P.O. Box Number is Not Acceptable): 159 DUNCAN TRAIL

Suite, Apt. #, Etc.

City: LONGWOOD State: FL Zip Code: 32779

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

CR2E031 (6/00)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	PAMELA ARTHUR	159 DUNCAN TRAIL	LONGWOOD, FL 32779
D/VP	LARRY ARTHUR	159 DUNCAN TRAIL	LONGWOOD, FL 32779
S/T	PATRICIA LEACH	159 DUNCAN TRAIL	LONGWOOD, FL 32779

10. 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: Pamela L. Arthur 9/10/01 407-682-2188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #