

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 17 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V15598**

1 Corporation Name

ALL FLORIDA LOCK & SAFE INC.

Principal Place of Business

Mailing Address

12153 N.W. 35 PLACE
SUNRISE FL 33323

12153 N.W. 35 PLACE
SUNRISE FL 33323

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

2. New Principal Office Address, If Applicable
2260 S.W. 71 TERRACE

3. New Mailing Office Address, If Applicable
2260 S.W. 71 TERRACE

4. Date Incorporated or Qualified
To Do Business in Florida

02/21/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DAVIE, FL.
City & State

DAVIE, FL.
City & State

5. FEI Number

65-0398651

Applied For

Not Applicable

Zip **33317**

Country **USA**

Zip **33317**

Country **USA**

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	HAYBERG, CHARLES P	12153 N.W. 35 PL 2260 S.W. 71 TERRACE	SUNRISE FL 33323 DAVIE, FL. 33317
			4000002032984--9 -12/18/96--01105--012 ****383.75 ****383.75

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HAYBERG, CHARLES PATRICK
~~12153 N.W. 35 PLACE~~
~~SUNRISE FL 33323~~

Name **HAYBERG, CHARLES PATRICK**
Street Address (P.O. Box Number is Not Acceptable)
2260 S.W. 71 TERRACE
Suite, Apt. #, Etc.
City **DAVIE,** State **FL** Zip **33317**

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **12.10.96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12.10.96
Date

Daytime Phone #