DI EASE DEAD	ALL INSTRUCTIONS	BEEODE O	OMPLETING THIS FORM.		
APPLICATION APPLICATION	FLORIDA DEPARTME		FILED		
FOR	Katherine H	. [11669		
REINSTATEMENT	Secretary of		99 DEC 16 AM 9 : 15		
	DIVISION OF CORPO		SECRETARY OF STATE		
DOCUMENT # YOZ	SUS	an matt Ca. I	TALLAHASSEE, FLORIDA		
1. Corporation Name BISCAYNE HAVAI 975 HIAL	na fine & safety # 407 Eah Drive	7.08.4			
/-	FL 33010 FAX 305/638-1898 🌭 (/)/()	Lagal			
Princip Place of Business	Mailing Arkfress	1-4997			
BISCAYNE HAVANA FIRE & 976 HIALEAH DRIV HIALEAH FL 3301	SAFETY <i>Equipme</i> t (E	B ₁ Inc	04.00		
305/638-6778 FAX 305/6: If above addresses are incorrect in any way, line thi		F	REINSTATEMENT 43-44		
New Principal Office Address, If Applicable	3. New Mailing Office Address, If		4. Date incorporated or Qualified		
975 /1/AL 60H DR	Suite Apt. #, etc.		To Do Business in Florida 7/92		
City & State	City & State		5. FEI Number Applied For Not Applicable		
HIALEAH, FIA	Fla		6. St 75 Ad 51 and 54 and 55 a		
33010 Country USA	Zip Count	ry	CERTIFICATE OF STATUS DESIRED (1) Sale of Control of the control o		
7. Names and Street Addresses of Each Officer and			· · · · · · · · · · · · · · · · · · ·		
Title(s) Name of Officers and/or Directors 2	0	reet Address of Each flicer and/or Director Ise Post Office Box N	City / State / Zip		
PRES DALLAS CHRI	ANS 975 A	HIRLEAH	DR HALSON, F/ 83010		
Sacr			, · ·		
18MS HISARD CHA	0NS 975 A	MALEAH .	BR HIM REAL FL. 23010		
			1000030785215		
			-12/22/9901047030		
			***1650.00 ***1650.00		
8. Name and Address of Current	Registered Agent	1	9. Name and Address of New Registered Agent		
DALLAS CHRANS					
MIAMI SPEINES PO 33166 Suite, Apt.			ress (P.O. Box Number is Not Acceptable)		
Muss Source	c 6 2744	Suite, Apt. #, Etc.	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.		
MADE SPENE	1 12 33/66		City.		
		City	State Zip Code		
10. I, being appointed the registered agent of the abo	ove named corporation, am familiar v	vith and accept the ob	1		
Signature of Registered Agent	mana_		Date 1+ 24 - 47 9		
	EGISTERED AGENT MUST SIGN				
11. This corporation owes the		Yee I	(See other side for information on intangible tax.)		
Intangible Personal Proper	rty lax due June 30.	Yes			
this reinstatement application, the reason for dissi	olution has been eliminated, the corp	orate name satisfies t	rovided for in chapter 607 or 617, F.S. I further certify that when filing the requirements of section 607.0401 or 617.0401, F.S., that all fees		
owed by the corporation have been paid and the on this application is true and accurate, and my si			an exemption under section 119.07(3)(i), F.S. The information in oath.		
	_		705		
SIGNATURE: Sallar	2		11.24.99 (38.8178		
SIGNATURE AND TYPED OR PR	INTED NAME OF SIGNING OFFICER OR	DIRECTOR	Date Daytime Phone 9		
LALLAS C	H RANS				