

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 DEC 27 PM 3:55

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F96000003941**

1. Corporation Name

VALEX SECURITY, INC.

Principal Place of Business

149-09 183RD ST
 SPRINGFIELD GARDENS NY 11413

Mailing Address

149-09 183RD ST
 SPRINGFIELD GARDENS NY 11413



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

08/02/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

06-1451602

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED :

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	4 City / State / Zip
PD	WHITMAN, WILLIAM B	112 PIPERS HILL ROAD	WILTON CT LS
VD	VALDES, ROLANDO J	7500 SW 84TH COURT	MIAMI FL
S	BECKSTEIN, SARIEL	580 FIFTH AVENUE, STE 421	NEW YORK NY
TD	ALON, SHMUEL	580 FIFTH AVENUE, STE 421	NEW YORK NY
CD	AMIT, RAFI	3 JABOTINSKY STREET, STE 1201	RAMAT CAN ISRAEL
D	STOKLOSA, MONIKA	GERTRUDENSTRASSE 30/36	KOLON GERMANY

8. Name and Address of Current Registered Agent

VALDES, ROLANDO J
 7500 S.W. 84TH COURT
 MIAMI FL 33143

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

600003089746--0

01/06/00--01002--031

***750.75 ***758.75

State Zip Code

FL

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

[Handwritten Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

December 9, 1999

11. 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:

[Handwritten Signature]
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William B. Whitman
 Director

3 December 1999 1-800-
 Date Daytime Phone #

6675