

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2008 JUN -5 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600130926596  
06/05/08--01044--006 \*\*750.00

DOCUMENT # P01000064582

1. Corporation Name

**Straight Arrow Security Enterprises, Inc.**

2. Principal Office Address - No P.O. Box #

157 Bent Arrow Drive

Suite, Apt. #, etc.

N/A

City & State

Destin, Florida

Zip

32541

Country

U.S.A.

3. Mailing Office Address

N/A

Suite, Apt. #, etc.

N/A

City & State

N/A

Zip

N/A

Country

N/A

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

27 June 2001- -

5. FEI Number  
59-3728802

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Barbara A. Kimball

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

157 Bent Arrow Drive

Suite, Apt. #, Etc.

N/A

City

Destin,

State

FL

Zip Code

32541

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*B. Kimball*

Date 1 June 2008

REGISTERED AGENT MUST SIGN

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
CEO	Thomas J. Kimball	157 Bent Arrow Drive	Destin, FL. 32541

**REINSTATEMENT**  
04-08

*[Handwritten Signature]*

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 contained in Chapter 119, 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:

*Thomas J. Kimball*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas J. Kimball

1 June 2008

850-259-1586

Date

Daytime Phone #