

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 22 AM 9:07

DOCUMENT # P95 0000 48875

1. Corporation Name

FORCE SECURITY SYSTEMS INC

2006 LINSEY ST
2006 LINSEY ST

2. Principal Office Address
2006 LINSEY ST

3. Mailing Office Address
2006 LINSEY ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TAMPA, FL

City & State
TAMPA, FL

Zip
33605

Country
USA

Zip
33605

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 06/19/1995

5. FEI Number
59-3336813

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 04

7. Name and Address of Current Registered Agent

Name
ROBERT VELASCO

Street Address (P.O. Box Number is Not Acceptable)
2006 LINSEY STREET

Suite, Apt. #, Etc.

City
TAMPA

State
FL

Zip Code
33605

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 10/20/04

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
P	ROBERT VELASCO	2006 LINSEY STREET	TAMPA, FL 33605

300042105293
10/22/04--01040--014 **150.00

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:

[Handwritten Signature] Robert Velasco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/04 800 750 7999 x2

Date

Daytime Phone #

CR2E081 (01/04)

10/26/04