

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 MAY -6 AM 10: 52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05

**DOCUMENT #**

1. Corporation Name  
P03000093719

SENEX Security Services, Inc.

2. Principal Office Address  
420 S.E. 34th Avenue

3. Mailing Office Address  
420 S.E. 34th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Boynton Beach, FL

City & State  
Boynton Beach, FL

Zip  
33425

Country  
USA

Zip  
33425

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida 08/22/03

5. FEI Number  
14-1895575

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  
John G Werner IV

Street Address (P.O. Box Number is Not Acceptable)  
420 SE 34th Avenue

Suite, Apt. #, Etc.

City  
Boynton Beach

State  
FL

Zip Code  
33425

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

REGISTERED AGENT MUST SIGN

Date

May 2, 2005

CR2E081 (01/05)

**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
PD	John G. Werner IV	420 S.E. 34th Avenue	Boynton Beach, FL 33425

200054645062  
05/16/05--01078--008 \*\*300.00

5/13

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 2, 2005

Date

(561) 302-8467

Daytime Phone #

April 28, 2005

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

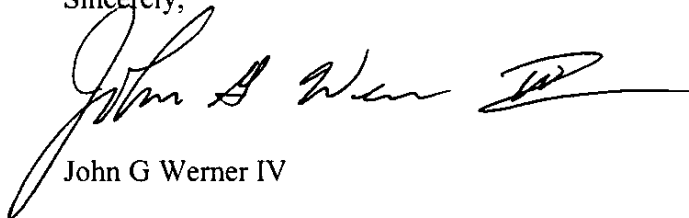
To Whom It May Concern:

Per the request of the State, I am writing this letter to document my position for my corporation reinstatement. The corporation, **SENEX Security Services, Inc.** was administratively dissolved in October 2004. My former accountant was responsible for the updating of my annual report and last year he was killed in automobile accident, therefore this report was mistakenly overlooked and the required annual report with fees was not filed. I have been unaware of these filings and was made aware of the corporation's inactive status by my new Accountant. I would like to remain in good standing with the state and comply with the required filings on a forward going basis.

I hope that this letter and my attached payment of \$300.00 will assist you in the efficient resolution of this matter. I appreciate your anticipated cooperation. Thank you once again for your assistance in this matter and if there is any other information required please feel free to contact my office.

**SENEX Security Services, Inc.**  
420 S.E. 34<sup>th</sup> Avenue  
Boynton Beach, FL 33425  
Document Number P03000093719

Sincerely,



John G Werner IV