

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR -7 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 359319

1. Corporation Name

AAA Lock Service, Inc.

2. Principal Office Address

1105 W. Tharpe Street

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 38429

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32303-4605

Country

Zip

32315-8429

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/6/70

5. FEI Number

75-2979971

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

Sharon Moseley

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

1105 W. Tharpe Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303-4605

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**

Sharon Moseley

REGISTERED AGENT MUST SIGN

Date

3/5/03

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
D/P	William O. Bigham, Jr.	1105 W. Tharpe Street	Tallahassee, FL 32303-4605
D/V	Michael D. Moseley	1105 W. Tharpe Street	Tallahassee, FL 32303-4605
S/T	Sharon Moseley	1105 W. Tharpe Street	Tallahassee, FL 32303-4605

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:

Michael D. Moseley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/05/03

Date

850.386.6900

Daytime Phone #