PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR -1 PM 5: 13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000004743

1. Corporation Name

McCoy Security, Inc.

REINSTATEMENT 04-05

2. Principal Office Address
3487 NW 167th Street

Suite, Apt. #, etc.

City & State
Miami, Florida

| Zip 33056 | Country Miami-Dade |

3. Mailing Office Address
3487 NW 167th Street

Suite, Apt. #, etc.

City & State
Miami, Florida

| Zip 33056 | Country Miami-Dade |

4. Date Incorporated or Qualified To Do Business in Florida   August 22, 2000

5. FEI Number
36-3429748

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
Gilbert N. McCoy

Street Address (P.O. Box Number is Not Acceptable)
3487 NW 167th Street

Suite, Apt. #, Etc.

| City Miami | State FL | Zip Code 33056 |

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   March 23 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
PSD	Gilbert N. McCoy	3487 NW 167th Street	Miami, FL 33056
			90000503029 04/11/05--01005--014 **908.75

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: _____   Gilbert N. McCoy   March 23 2005   312-907-0764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #