

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

0172

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 17 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000000414

1. Corporation Name

Allstate Security, Inc.

REINSTATEMENT 02-05

2. Principal Office Address

71-73 Clinton Street

Suite, Apt. #, etc.

City & State

Montgomery, N.Y.

Zip

12549

Country

U.S.

3. Mailing Office Address

P.O. Box 37

Suite, Apt. #, etc.

City & State

Montgomery, N.Y.

Zip

12549

Country

U.S.

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

1/23/01

5. FEI Number

141775525

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

[Signature] *Acc. V.P.*
REGISTERED AGENT MUST SIGN

Date February 22, 2005

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	John J. Byrnes Jr.	100 Washington Avenue	Montgomery, N.Y. 12549
V-P	Matthew Ventura	6 Wilson Road	Middle town, N.Y. 10941

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/05

Date

(845) 457-9884

Daytime Phone #

11282

ALLSTATE SECURITY, INC.

P.O. BOX 37

MONTGOMERY, NEW YORK 12549

(845) 457-9884, FAX (845) 457-4235

INVESTIGATIONS-SECURITY PERSONNEL-UNIFORM AND PLAIN CLOTHES

February 24, 2005

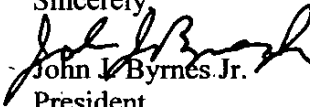
Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: Reinstatement

To Whom It May Concern:

This letter is to request the reinstatement of Document # F01000000414. Our company status is listed as inactive due to revocation for annual report, year 2002. The company did not receive any notices for 2002 and ask that you please waive any and all late fees incurred. Enclosed is a completed Corporation Reinstatement form along with the required \$600.00 fee. Should you have any questions please do not hesitate to call. Your prompt attention to this matter would be greatly appreciated.

Sincerely,


John L. Byrnes Jr.
President