

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F01000006281**

1. Corporation Name

**ECAMSECURE, INC.**

Principal Place of Business

Mailing Address

**436 WEST WALNUT AVENUE  
GARDENA CA 90248**

**436 WEST WALNUT AVENUE  
GARDENA CA 90248**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/10/2001**

5. FEI Number

**95-4834826**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required  
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	COFFEY, CHRISTOPHER	436 WEST WALNUT AVENUE	GARDENA CA 90248
D	COFFEY, ROBERT	436 WEST WALNUT AVENUE	GARDENA CA 90248
CFO	BABCOCK, WILLIAM	436 WEST WALNUT AVENUE	GARDENA CA 90248

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**PARACORP INCORPORATED  
236 EAST 6TH AVENUE  
TALLAHASSEE FL 32303**

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Denise Zoller*  
**Assistant Secretary**  
REGISTERED AGENT MUST SIGN for Paracorp

Date

**10/22/03**

11. 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:

*Chris Coffey*  
**Chris Coffey President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10-13-03**

Date

**310 878-4132**

Daytime Phone #

FILED

03 OCT 28 AM 9:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 03



10/20/03--01023--012 \*\*150.00

CR2E040 (7/03)



**Ecam Secure, Inc.,**

436 W. Walnut Ave., Gardena, Ca 90248. (310) 818-1030, Fax (310) 818-1063

October 10, 2003

Florida Dept of State  
Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir,

Please waive the reinstatement fee of \$600 as we never received either of the two prior notifications requiring the filing of a Uniform Business Report.

We have included the required \$150 fee along with the completed reinstatement form.

Thank you for your prompt attention to this matter. If you have any questions, please contact Rick Fisher at (310) 878-8106.

Sincerely  
Chris Coffey

A handwritten signature in black ink, appearing to be "Chris Coffey".

President