

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV -6 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000003675

1. Corporation Name

JOHN C. MANDEL SECURITY BUREAU, INC.

Principal Place of Business

Mailing Address

611-615 JACKSON AVENUE
BRONX NY 10455

611-615 JACKSON AVENUE
BRONX NY 10455



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

4. Date Incorporated or Qualified
To Do Business in Florida

07/18/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

13-2578383

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
AGENT	GERENA, FRANKIE R.	5460 Hoffner Avenue	Orlando, FL 32812

400023967174
10/21/03--01049--031 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

John C. Mandel Security Bureau, Inc.

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

5460 Hoffner Avenue

Suite, Apt. #, Etc.

Suite 407

City

Orlando

State

FL

Zip Code

32812

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

Frankie R. Gerena
FRANKIE R. GERENA
REGISTERED AGENT MUST SIGN

Date 10/16/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John C. Mandel

Date 10/16/03 718 462-5002
x152 Daytime Phone #

CR2E040 (7/03)