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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

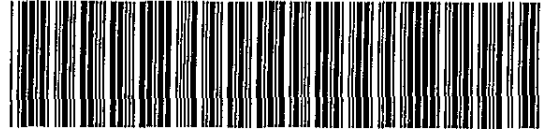
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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F04-2825
OK



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 21, 2004

LOUIS HOLLANDER
5243 SALTAMONTE DRIVE
NEW PORT RICHEY, FL 34655

SUBJECT: DIVERSIFIED PROTECTIVE SERVICES, INC.
Ref. Number: W04000015403

We have received your document for DIVERSIFIED PROTECTIVE SERVICES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence, which usually consists of a single sheet of paper and clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 304A00026414

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DIVERSIFIED PROTECTIVE SERVICES, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

LOUIS HOLLANDER
(Name of Person)
5243 SALTAMONTE DRIVE
(Firm/Company)
NEW PORT RICHA, FL 34655
(Address)

(City/State and Zip code)

For further information concerning this matter, please call:

LOUIS HOLLANDER at (727) 376-8488
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. DIVERSIFIED PROTECTIVE SERVICES, Inc (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW YORK (State or country under the law of which it is incorporated) 3. 06-154455 (FEI number, if applicable)

4. 2/9/99 (Date of incorporation) 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 222 MIDDLE COUNTRY ROAD - ST 204, SMITHTOWN, N.Y. 11787 (Principal office address)

SAME (Current mailing address)

8. PRIVATE INVESTIGATION (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: LOUIS HOLLANDER

Office Address: 5243 SALTAMONTE DR. NEW PORT RICHEY, Florida 38655 (City) (Zip code)

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10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

X Louis Hollander (Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: JOHN J. WILSON

Address: 2493 STATE ROUTE 42
WEST KILL, NY 12492

Vice Chairman: EDWARD MOYNIHAN

Address: 34 WOODLAND LANE
HUNTINGTON, NY 11743

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: EDWARD MOYNIHAN

Address: 34 WOODLAND AVE.
HUNTINGTON, NY 11743

Vice President: JOHN J. WILSON

Address: 2493 STATE ROUTE 42
WEST KILL, N.Y. 12492

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. [Signature]
(Signature of Director or Officer listed in number 12 of the application)

14. JOHN J. WILSON CHAIRMAN / VP
(Typed or printed name and capacity of person signing application)

State of New York | **SS:**
Department of State

I hereby certify, that the Certificate of Incorporation of DIVERSIFIED PROTECTIVE SERVICES, INC. was filed on 02/09/1999, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

The Biennial Statement is past due.

Witness my hand and the official seal
of the Department of State at the City
of Albany, this 06th day of May
two thousand and four.



Secretary of State

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