

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 JUL 31 AM 8:25
RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # f11000003768

1. Corporation Name

American Locksmith Services, Inc.

2. Principal Office Address - No P.O. Box #

8639B 16th Street

Suite, Apt. #, etc.

Suite 211

City & State

Silver Spring, MD

Zip

20910

Country

USA

3. Mailing Office Address

8639B 16th Street

Suite, Apt. #, etc.

Suite 211

City & State

Silver Spring, MD

Zip

20910

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

07/08/2011

5. FEI Number

45-2744325

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

Moshe Dadon

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

3400 N. 56th Avenue

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33021

100275625441
07/31/15--01037--018 **\$00.00

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]

REGISTERED AGENT MUST SIGN

Date **7/21/15**

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
Pres.	Moshe Dadon	3400 N. 56th Ave.	Hollywood/Fla/33021
V.P.	Eliran Shoshan	3600 N. 56th Ave.	Hollywood/Fla/33021

REINSTATEMENT

JUL 31 2015

R. HUNT

10. E-mail Address: **MARSHALL@AsherAssoc.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #