

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F73525

1. Corporation Name

CASTLE SECURITY SYSTEMS, INC.

Principal Place of Business

3000 NORTH 28 TERRACE  
HOLLYWOOD FL 33020  
US

Mailing Address

3000 NORTH 28 TERRACE  
HOLLYWOOD FL 33020  
US

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

2. New Principal Office Address, If Applicable

4613 S.W. 33RD AVE.  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

4613 S.W. 33RD AVE..  
Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL  
Zip 33312 Country USA

City & State

FT. LAUDERDALE, FL  
Zip 33312 Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/23/1982

5. FEI Number

59-2180323

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	ASHLAND, GREGORY L	<del>3000 HOLLYWOOD BLVD</del> 4613 SW. 33RD AVE	HOLLYWOOD FL FT. Lauderdale, FL 33312

REINSTATEMENT

1997

A. Ashland  
12/19/97

600002382356-4  
-12/24/97-01068-009  
\*\*\*\*758.75 \*\*\*\*758.75

8. Name and Address of Current Registered Agent

ASHLAND, GREGORY L  
4613 SW 33RD AVE  
DANIA FL 33312

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State Zip Code  
FL

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.

Signature of  
Registered Agent

Gregory L. Ashland  
REGISTERED AGENT MUST SIGN

Date Dec. 10, 1997.

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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:

Gregory L. Ashland  
SIGNATURE AND TITLE OF SIGNING OFFICER OR DIRECTOR

Dec. 10, 1997, 954-961-0276.  
Date Daytime Phone 4  
954-760-4301