

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 SEP 13 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000000970

1. Corporation Name

BARRON'S SECURITY AGENCY INCORPORATED

W07-44814

2. Principal Office Address - No P.O. Box #
71-73 CLINTON STREET

3. Mailing Office Address
P.O. BOX 37

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MONTGOMERY, N.Y.

City & State
MONTGOMERY, N.Y.

Zip
12549

Country
UNITED STATES

Zip
12549

Country
UNITED STATES

REINSTATEMENT

00-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida 02/10/1994

5. FEI Number 141661195

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 CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

Suite, Apt. #, Etc.

City TALLAHASSEE

State FL Zip Code 32301

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 Cynthia L. Harris **Cynthia L. Harris**
REGISTERED AGENT MUST SIGN **Asst. Vice President**

Date 9/11/07

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.	JOHN J. BYRNES	82 UNION STREET	MONTGOMERY, N.Y. 12549
SEC/TRE	CYNTHIA BYRNES	82 UNION STREET	MONTGOMERY, N.Y. 12549

10. 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 contained in Chapter 119, 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: John J. Byrnes **John J. Byrnes** 9/10/07 (845) 457-9884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

9/13/07