

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 APR 25 PM 12:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F94000001310

1. Corporation Name

HOME SECURITY SERVICES, INC.

Principal Place of Business

Mailing Address

P.O. BOX 607  
LAPORTE IN 46350

P.O. BOX 607  
LAPORTE IN 46350

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

03/15/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

NOT APPLICABLE

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

Zip Country

Zip Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	GURROLA, RICHARD	740 MARINE DR.	BOCA RATON FL 33431
ST	BEST, ARDITH L	438 N. GLENWOOD DR	GRIFFITH IN 46319

700005451187--1  
-05/06/02--01002--011  
\*\*\*\*\*908.75 \*\*\*\*\*908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GURROLA, RICHARD  
740 MARINE DR.  
BOCA RATON FL 33431-6936

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Richard Gurrrola*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

3/27/02

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:

*Richard Gurrrola*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/27/02 #219  
838-0029  
Daytime Phone #

CR2040 (8/01)

*Zacur & Graham, P.A.*  
*Attorneys and Counselors at Law*

RICHARD A. ZACUR

5200 CENTRAL AVE.  
POST OFFICE BOX 14409  
ST. PETERSBURG, FLORIDA 33733  
TELEPHONE 727-328-1000  
FAX 727-323-7519

PETER D. GRAHAM\*  
\*BOARD CERTIFIED  
REAL ESTATE ATTORNEY

April 23, 2002

**VIA FEDERAL EXPRESS**  
**AIRBILL NO. 8197 0038 3287**

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

RE: THE OULD DUBLIN, INC.  
DOCUMENT #P94000032060

Dear Sirs:

Enclosed for immediate filing please find the original Corporation Reinstatement form for THE OULD DUBLIN, INC. I have enclosed my check in the amount of \$900.00 to cover the \$600.00 filing fee and \$300.00 for the 2001 and 2002 annual report fee.

I thank you for your assistance. Should you have any questions, please do not hesitate to contact my office.

Very truly yours,

ZACUR & GRAHAM, P.A.



PETER D. GRAHAM

PDG/cg  
Enclosures