

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED

98 NOV 16 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F94000005055

1. Corporation Name

VALOR SECURITY SERVICES, INC.

Principal Place of Business

200 N. COBB PARKWAY  
SUITE 434  
MARIETTA GA 30062

Mailing Address

200 N. COBB PARKWAY  
SUITE 434  
MARIETTA GA 30062

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/29/1994

5. FEI Number

58-1963076

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	RAKESTRAW, DAN L	2804 SADDLEBROOK WAY	MARIETTA GA 30065
D	MITCHELL, DONALD	1572 PHARRS ROAD	GRAYSON GA 30221
D	STEIN, ROBERT	2858 LIDSEY DRIVE	TUCKER GA 30084
D	COMTE, THOMAS	444 BABRAK ROAD	NEWMAN GA 30263

8. Name and Address of Current Registered Agent

RAKESTRAW, DAN L  
506 GOLF SHORE DR.  
INLET REEF CLUB, UNIT 409  
DESTIN FL 32541

9. Name and Address of New Registered Agent

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

*[Signature]*

REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/13/98

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/98  
Date

770-218-6000  
Daytime Phone #

CR2E040 (9/98)



②

November 11, 1998

Florida Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

To whom it may concern:

We received a notice of administrative dissolution or revocation on November 13, 1998. Our records indicate the 1998 profit corporation annual report was sent to your department.

I spoke with Shawn on November 13, 1998 and he informed me that our annual report had been received but was not suitable for processing because the Post Office damaged it. He said the form had been returned to us however we never received it.

Enclosed is our application for reinstatement along with a check for \$550.00. If you have any questions or need additional information call me at 770 218.6000.

Sincerely,

A handwritten signature in cursive script that reads "David Odom".

David Odom  
VP Administration