

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FL 32304

12 MAR -8 PM 10:55

DOCUMENT # **G26806**

1. Corporation Name
World Security Services, Inc.
750 RASKEY ROAD
NEW SMYRNA BEACH, FL 32168

700222477987
02/20/12--01046--010 **750.00

2. Principal Office Address - No P.O. Box #
750 RASKEY ROAD
NEW SMYRNA BEACH, FL 32168
Suite, Apt. #, etc.

3. Mailing Office Address
750 RASKEY ROAD
NEW SMYRNA BEACH, FL 32168
Suite, Apt. #, etc.

CR2E081 (11/10)

City & State
NEW SMYRNA BEACH, FL 32168
Zip
32168
Country
FLORIDA

City & State
NEW SMYRNA BEACH, FL
Zip
32168
Country
FLORIDA

4. Date Incorporated or Qualified
To Do Business in Florida **1984**

5. FEI Number
59-2440974
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
RONALD I. FISHER, SR.
Street Address (P.O. Box Number is Not Acceptable)
750 RASKEY ROAD
Suite, Apt. #, Etc.

City
NEW SMYRNA BEACH
State
FL
Zip Code
32168

REINSTATEMENT 11-12

700222477987
03/08/12--01023--004 **150.00

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 **Ronald I. Fisher, Sr.**

Date **2-7-12**

REGISTERED AGENT MUST SIGN

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
PD	RONALD I FISHER, SR.	750 RASKEY ROAD	NEW SMYRNA BEACH, FL 32168
VST	KATHLEEN A. FISHER	750 RASKEY ROAD	NEW SMYRNA BEACH, FL 32168
D			

10. E-mail Address: **WorldSec 777@yahoo.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: **Ronald I. Fisher, Sr.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 08 2012
BUTLER

2-7-12 306-4324490
Date Daytime Phone #