

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 24 PM 4:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|   |   |                     |  |  |  |
|---|---|---------------------|--|--|--|
| <b>DOCUMENT # H28827</b><br>1. Entity Name<br><b>ESP SECURITY AND SATELLITE ENGINEERING, INC.</b>   |   |                     |  |  |  |
| Principal Place of Business<br><b>3812 MONCRIEF RD.<br/>JACKSONVILLE, FL 32209</b>  |   |                     | Mailing Address<br><b>P.O. BOX 2546<br/>JACKSONVILLE, FL 32203</b>                           |  |  |
| 2. Principal Place of Business  |   | 3. Mailing Address  |  |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc. |  |  |  |
| City & State  |   | City & State        |  |  |  |
| Zip   | Country   | Zip                 | Country  | 4. FEI Number<br><b>59-2301340</b>   |  |
|   |   |                     |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                    |  |
| 6. Name and Address of Current Registered Agent   |   |                     | 7. Name and Address of New Registered Agent  |  |  |
| <b>KERRIN, MARK T.<br/>11070 CRYSTAL LYNN CT S<br/>JACKSONVILLE, FL 32226</b>   |   |                     | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                           |  |  |
|   |   |                     | FL Zip Code  |  |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   |   |                     |  |  |  |
| SIGNATURE <span style="float: right;">10.21.2005</span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |                     |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After January 1, 2006, Fee will be \$300.00</b>  |   |                     | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |  |  |
| 10. OFFICERS AND DIRECTORS  |   |                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.                                       |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>PVTS<br/>KERRIN, MARK T<br/>11070 CRYSTAL LYNN COURT S.<br/>JACKSONVILLE, FL 32226</b> |                     | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   |                     | <input type="checkbox"/> Delete  | 000060896500<br>10/24/05--01055--005 **150.00<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   |                     | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   |                     | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   |                     | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   |                     | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered. |   |                     |  |  |  |
| SIGNATURE:  |   |                     | 10.21.05 904. 733.2486<br><small>Date Daytime Phone #</small>                                |  |  |

(10/26/05)