## 2005 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT														
DOCUMENT # H28827  1. Entity Name								Tras   Deer Land						
ESP SECURITY AND SATELLITE ENGINEERING, INC.									2005 OCT 24 PM 4: 21					
Principal Place of Business 3812 MONCRIEF RD.					Mailing Address P.O. BOX 2546				SECRETARY OF STATE TALLAHASSEE, FLORIDA					
JACKSONVILLE, FL 32209 JACKSONVILLE, FL 32203									1 16818A 6119	(1881) (1881   1881) (1881) (1881)	i Alen Bish And	i Gigil Bishi Gigi	H <b>186</b> (1 1 <b>83</b> )	
2. Principal P	lace of Busir		3. Mailing Address											
Suite, Apt. #, etc.				Suite, Apt. #, etc.					10212005	REIN-P	CR2EC	98 (6/04)		
City & State				City & State					4. FEI Numbe 59-230			<del> </del>	plied For	
Zip .		Country	, .	Zip Count			try		5. Certificate of Status Desired S8.75 Addition Fee Required				litional	
6. Name and Address of Current Registered Agent								7. Name and Address of New Registered Agent Name						
KERRIN, MARK T. 11070 CRYSTAL LYNN CT S								Street Address (P.O. Box Number is Not Acceptable)						
JACKSON	JACKSONVILLE, FL 32226													
The above named entity submits this statement for the purpose of changing its register.								FL Zip Code						
	named entit tions of regist			the purp	ose of changing its	register	ed office or	register	ed agent, or both	h, in the State of Fl	orida. I am fa	amiliar with,	and accept	
SIGNATURE	Signature proed	or printed flan	of registered agent a	nd title if app	vicable. (NOT	E: Register	ed Agent signal	ture requir	ed when reinstating)	fo.	2/·	2 005	· 	
FIL	LE NOMIII.	FEE IS \$	150.00							In accordance	with s. 607.	193(2)(b),	F.S., the	
After Jar	nuary 1, 20		0.00E\$ ed IIIw							corporation did	not receive	the prior r	notice.	
TITLE	PVTS	(	OFFICERS AND D	DIRECTO	RS Delete	. 11. mu	E	•	ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS  ☐ Change	S tN 11	
NAME PRESE ADOREDO	KERRIN, MARK T										<u></u>	-		
STREET ADDRESS CITY-ST-ZIP	JACKSON		<b>)</b> .			ET ADDRESS -St-Zip		10/24	7050105:	<b>3 3 5</b> 5 5005	5 <b>1313</b> **150	.00		
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City-St-ZiP Title	CITY-											☐ Change	Addition	
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CITY-ST-ZIP .					D Dates	_	-ST-ZIP			<del></del>		Change	- Addition	
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TITLE NAME					☐ Delete	TITL						☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP						STRE	ET ADDRESS -St-zip						<b>,</b> [	
12 I boroby	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 trusted impowered to section 119.07(3)(ii), 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 trusted in Block 10 or Block 11 if changed, or on an attachment with an address, with a first like empowered.													
	SIGNATURE:    SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OF DIRECTOR   Date   Designer Priors													
		ONMAIC	ME ANY ITED ON PI		T or assessed OFFICER	AN INNEC				LHITE	Đe	yulim PTIONS #	Ì	

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