

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 JUN -4 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J82610

1. Corporation Name
MAJ Engineering Services, Inc.
DBA All Guard Security, Inc.
WI-26103

REINSTATEMENT 01-10

2. Principal Office Address - No P.O. Box #
6245 Powerline Road

3. Mailing Office Address

Suite, Apt. #, etc.
202

Suite, Apt. #, etc.

City & State
Fort Lauderdale, FL

City & State

Zip
33309

Country
US

800181474158
05/28/10--01020--001 **\$600.00

CR2E081 (4/10)

4. Date Incorporated or Qualified To Do Business in Florida 7/14/87

5. FEI Number 592832659
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 Aldo Di Sorbo

Street Address (P.O. Box Number is Not Acceptable)
6245 Powerline Road

Suite, Apt. #, Etc. 202

City Fort Lauderdale State FL Zip Code 33309

PROFIT CORPORATIONS ONLY
 The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *[Signature]*
REGISTERED AGENT MUST SIGN

Date 5/27/10

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
MEM	Aldo Di Sorbo	6245 Powerline Road	Fort Lauderdale, FL 33309
VP	Mark Jimenez	6245 Powerline Road	Fort Lauderdale, FL 33309

800181474158
05/28/10--01034--022 **\$1500.00

[Signature]

10. E-mail Address:

(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., 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.

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

Date 5/27/10

Daytime Phone #