

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

1996 NOV -6 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J85932**

1. Corporation Name

ALM SECURITY SPECIALISTS, INC.

Principal Place of Business

~~PO BOX 1158~~
CARRABELLE FL 32322

Mailing Address

**PO BOX 1158
CARRABELLE FL 32322**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

425 Old Mill Road

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Carrabelle, FL

City & State

Zip

32322

Country
Franklin

Zip

Country

REINSTATEMENT *and file*

4. Date Incorporated or Qualified
To Do Business in Florida

07/31/1987

5. FEI Number

50-2829560

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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	MORRIS, ALVIN L.	3180 LEEWOOD TER, APT. L207 425 Old Mill Road,	BOCA RATON FL Carrabelle, FL 32322
VST	MORRIS, BEVERLY K.	3180 LEEWOOD TER, APT. L207 425 Old Mill Road,	BOCA RATON FL Carrabelle, FL 32322

500002002995--0
-11/13/95--01115--007
******375.00 ****375.00**

8. Name and Address of Current Registered Agent

MORRIS, ALVIN L.
3180 LEEWOOD TER, APT. L207
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name
Alvin L. Morris
Street Address (P.O. Box Number is Not Acceptable)
425 Old Mill Road
Suite, Apt. #, Etc.

City
Carrabelle

State
FL

Zip Code
32322

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

Alvin L. Morris
REQUIRED
REGISTERED AGENT MUST SIGN

Date **11-5-96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Alvin L. Morris
Alvin L. Morris, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-5-96 (904) 697-2555

Date Daytime Phone #