

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 NOV 19 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K32824**

1. Corporation Name

NITE HAWK SECURITY, INC.

Principal Place of Business

283 NW 48 AVE
DEERFIELD BEACH FL 33442

Mailing Address

283 NW 48 AVE
DEERFIELD BEACH FL 33442

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

09/12/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0071701

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	SCLAFANO, ROBERT	283 NW 48 AVE	DEERFIELD BEACH FL
D	SCLAFANO, MADELINE	283 NW 48 AVE	DEERFIELD BEACH FL

000002011690--1

11722736-01002-007

***375.00 ***375.00

9611-21-91

8. Name and Address of Current Registered Agent

GAYLORD, MARC R. ESO
4400 N FEDERAL HWY
SUITE 407
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name **Robert Sclafano**
Street Address (P.O. Box Number is Not Acceptable)
283 NW 48 AVE
Suite, Apt. #, Etc.

City **Deerfield Bch**

State **FL** Zip Code **33442**

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

[Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **10/25**

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)(b), 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:

[Signature]

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/23/96

Date

(954) 428-0109

Daytime phone