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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name

ASSURED SECURITY LLC

2. Principal Office Address - No P.O. Box #

407 SOUTH DIXIE

Suite, Apt. #, etc.

107

City & State

LAKE WORTH FL

Zip

33460

Country :

PALM BEACH

3. Mailing Office Address

5005 NORTHERN LIGHTS DR

Suite, Apt. #, etc.

City & State

GREENACRES FL

Zip

33463

Country

PALM BEACH

7. Name and Address of Current Registered Agent

Name
JOHANE ALABRE

Street Address (P.O. Box Number is Not Acceptable)
5005 NORTHERN LIGHTS DR

Suite, Apt. #, Etc.

City
GREENACRES

State
FL

Zip Code
463

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**

Date **11/02/2009**

REGISTERED AGENT MUST SIGN

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
MGR	MOISE ANICETTE	5005 NORTHERN LIGHTS DR	GREENACRES FL 33463

REINSTATEMENT 2008-09

JB

REINSTATEMENT 2008-09

10. 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 contained in Chapter 119, 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:

MOISE ANICETTE

11-2-2009

561-932-8072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daten

Daytime Phone # _____