

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

13 MAR 13 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO9000096353

1. Corporation Name

C.K.M. Security & Investigation, LLC.

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

262 Sundance Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 234

Suite, Apt. #, etc.

City & State

Monticello, Florida

Zip Country

32344

USA

City & State

Monticello, Florida

Zip Country

32345

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

800505023

☐ 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

Cecil L. Carpenter

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

262 Sundance Dr.

Suite, Apt. #, Etc.

City

Monticello

State

FL

Zip Code

32344

800245664268
03/13/13--01015--007 **\$300.00

800245664268
03/13/13--01015--008 **\$15.25

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]

Date 3/13/13

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
MEM	Cecil L. Carpenter	262 Sundance Dr.	Monticello, FL 32344

10. E-mail Address: CKM security and investigation @ gmail. com

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/13

Date

850-722-2915

Daytime Phone #