

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

97 JAN -7 AM 7:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L28168

1. Corporation Name

AOCO FEDERAL SECURITY SYSTEMS INC.

Principal Place of Business

Mailing Address

2164 RESERVE PARK TRAIL
PORT ST LUCIE FL 34986

REINSTATEMENT

AW

92-95

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/21/89

5. FEI Number

65-0153462

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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
VP/D	PETER RETTAGLIATA	358 GENYSBURG WAY	LINCOLN PK NJ 07035
P/D	VITO CILMI	7535 S. ORIOLE BLVD	DOLRAY FL 33446
S/D	JOHN STEFFANATO	1 STONEHAVEN RD.	WEST NYACK NY
T/D	LAWRENCE WIENER	11 WOODS WAY	WHITE PLAINS NY 10605
			700002052417--2 -01/09/97--01051--012 ***1175.00 ***1175.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NOT CERTAIN

Name

VITO CILMI

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

7535 S. ORIOLE BLVD

Suite, Apt. #, Etc.

City

DOLRAY

State

FL

Zip Code

33446

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]

REGISTERED AGENT MUST SIGN

Date

12/1/96

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] PETER RETTAGLIATA

Date

Daytime Phone #

CP25049 (12-95)