

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 OCT 20 PM 3:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **L 49775**

1. Corporation Name

ABD Security Systems, Inc.

2. Principal Office Address

1305 CENTRAL TERRACE

Suite, Apt. #, etc.

3. Mailing Office Address

1305 CENTRAL TERRACE

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

City & State

LAKE WORTH, FL.

Zip

33460

Country

PALM BEACH

Zip

33460

Country

PALM BEACH

4. Date Incorporated or Qualified
To Do Business in Florida

2/08/90

5. FEI Number

650192571

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

MARY JANE DUNTZ

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

5060 ROYAL PALM BEACH BLVD.

Suite, Apt. #, Etc.

City

ROYAL PALM BEACH, FL

State

FL

Zip Code

33411

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

Mary Jane Duntz

REGISTERED AGENT MUST SIGN

Date **10/13/2000**

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
PRES.	MARY JANE DUNTZ	5060 ROYAL PALM BEACH BLVD.	ROYAL PALM BCH, FL 33411
V.P. SEC.	LARRY E. KERUS	5060 ROYAL PALM BEACH BLVD.	ROYAL PALM BCH, FL 33411

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 under section 119.07(3)(j), 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:

Mary Jane Duntz (MARY JANE DUNTZ)

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/00

Date

(561) 753-8991

Daytime Phone #

KE

CR2E081 (9/99)