

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 28, 2002 8:00 A.M.
Secretary of State

DOCUMENT # **L 56500**

1. Corporation Name

**Security Industries/MS
Equipment, Inc.**

600006157366--7
-07/02/02--01047--008
*****300.00 *****300.00

2. Principal Office Address

5462 NW 57th Way

Suite, Apt. #, etc.
4820 North St. Rd. 7
#306

City & State
Coconut Creek
Coconut Springs, FL

Zip
33073
33067 Country
USA

3. Mailing Office Address

5462 NW 57th Way

Suite, Apt. #, etc.
4820 North St. Rd. 7
#306

City & State
Coconut Creek
Coconut Springs, FL

Zip
33073
33067 Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/9/90

5. FEI Number

05-0181079

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$

Additional Fee required
Certificate of Status

7. Name and Address of Current Registered Agent

Name
Reginald G Stambaugh, Esq
Street Address (P.O. Box Number is Not Acceptable)
180 Royal Palm Way
Suite, Apt. #, Etc.
Suite 201
City
Palm Beach

State
FL

Zip Code
33480

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

Reg Stambaugh
REGISTERED AGENT MUST SIGN

Date
4/22/02

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 / S Zip
PT	Barbara G Monz	5462 NW 57th Way 4820 North State Road 7 #306	Coconut Springs FL 33067 Coconut Creek, FL 33073

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 617.0402, 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)(i), F.S. information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Barbara G Monz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02
Date

954-
570-3323
Phone #