

PLEASE READ ALL INSTRUCTIONS BEFORE COMI

**CORPORATION
REINSTATEMENT**



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

FILED
Jul 17 2000 8:00 am
Secretary of State

DOCUMENT # L81153

1. Corporation Name

RSP Security, Inc

2. Principal Office Address

1810 Hypoluxo Road

Suite, Apt. #, etc.

Suite D-8

City & State

LAKE WORTH, FL.

Zip

33463

Country

USA

3. Mailing Office Address

1810 Hypoluxo Road

Suite, Apt. #, etc.

Suite D-8

City & State

LAKE WORTH, FL

Zip

33463

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

6-18-1990

5. FEI Number

59-2832496

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

Joseph SKAATES

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

811 SE 3RD STREET

Suite, Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33435

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]
REGISTERED AGENT MUST SIGN

Date

7/11/2000

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	JOSEPH SKAATES	811 SE 3RD STREET	Boynton Beach, FL 33435
TRES.	RICHARD KRAPP	137 SE 15th Ave #161	Boynton Beach, FL 33435

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)(i), 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:

[Signature]

JOSEPH M SKAATES

Per

7/10/2000

561-436-0840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (8/99)