

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L86668

1. Corporation Name

PRO-SECURITY OF THE PALM BEACHES, INC.

Principal Place of Business

3327 S W BESSEY CREEK TRAIL
PALM CITY FL 34990

Mailing Address

3327 S W BESSEY CREEK TRAIL
PALM CITY FL 34990

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/12/1990

5. FEI Number

65-0206569

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	NIELSEN, JOHN	3327 S W BESSEY CREEK TRL	PALM CITY FL 34990
STD	NIELSEN, JULIE L.	3327 SW BESSEY CREEK TR	PALM CITY FL 34990

700024337497
10/31/03--01080--008 **150.00

8. Name and Address of Current Registered Agent

NIELSEN, JOHN
3327 SW BESSEY CREEK TR
PALM CITY FL 34990

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

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., 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] JOHN M. NIELSEN 10/29/03

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FILED
03 OCT 31 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E040 (7/03)

PRO SECURITY OF THE PALM BEACHES
2740 S. W. Martin Downs Blvd., Ste. 345
Palm City, FL 34990-1803
Tel: (561) 8182039

10/29/03

State of Florida Division of Corporations

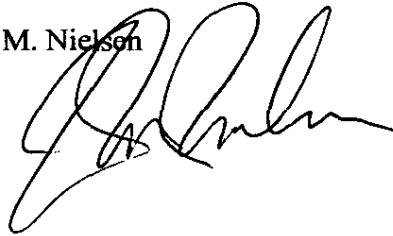
As per instructions I am sending the Reinstatement Application.

I have checked my office and was unable to find the missing Report forms.

We have been Incorporated since 1990 and have always had the reports in on time. Please consider this my request for reinstatement without the fee.

Thank you in advance and if you have any questions please call.

J. M. Nielsen

A handwritten signature in black ink, appearing to read 'J. M. Nielsen', written over the printed name.