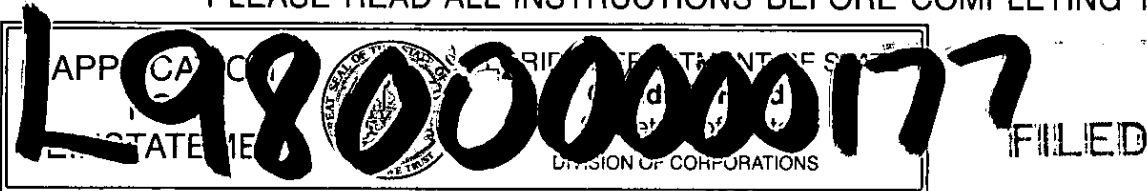


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



1. DOCUMENT # L98000000177

Name and Mailing Address

0008614 01 AT 0.292 **AUTO T1 0 0615 33319-016262



METRO SECURITY SERVICES, LC

P.O. BOX 190162

FT LAUDERDALE FL 33319-0162

03 OCT 21 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (7/03)

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 02/11/1998	
Principal Place of Business 5665 NW 29TH STREET MARGATE FL 33063	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 06-1480624	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent KING, OTRA 1713 NW 71ST AVE PLANTATION FL 33313	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED** Date 10/17/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	KING, OTRA	1713 NW 71ST AVE	PLANTATION FL 33313

800023960448
10/21/03--01020--014 **150.00

REINSTATEMENT 03
dec

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of Managing Member/Manager *[Signature]* **SIGNATURE REQUIRED** Date 10/17/03 Daytime Phone # 954-935-9690

Typed or printed name of signing Managing Member/Manager