

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000006453

FILED
Oct 05, 2006
Secretary of State

Entity Name: FLORIDA SECURITY ESCORTS ASSOCIATION, INC.

Current Principal Place of Business:

4615 NW 22 AVE
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

4615 NW 22 AVE
MIAMI, FL 33142

New Mailing Address:

1915 NW 57TH STREET
MIAMI, FL 33142

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LAPOINTE, GRACE
4615 NW 22 AVE
MIAMI, FL 33142 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LAPOINTE, GRACE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LAPOINTE, GRACE
Address: 4615 NW 22 AVE
City-St-Zip: MIAMI, FL 33142

Title: V () Delete
Name: PYLES, DWAYNE W
Address: 1915 NW 57 ST
City-St-Zip: MIAMI, FL 33142

Title: V () Delete
Name: INGRAHAM-RICHARDSON, CHRISTOPHER
Address: 430 NW 203 ST
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: PYLES, DWAYNE W
Address: 4615 NW 22ND AVE.
City-St-Zip: MIAMI, FL 33142

Title: V (X) Change () Addition
Name: INGRAHAM-RICHARDSON, CHRISTOPHER
Address: 4615 NW 22ND AVE
City-St-Zip: MIAMI, FL 33142

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAPOINTE, GRACE

PD

10/05/2006

Electronic Signature of Signing Officer or Director

Date