


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # NI1244			
1. Corporation Name HOLIDAY LAKE ESTATES SECURITY PATROL, Inc			
2. Principal Office Address 1176 CHELSEA LANE Suite, Apt. #, etc. — City & State HOLIDAY, FL Zip 34691		3. Mailing Office Address 1176 CHELSEA LANE Suite, Apt. #, etc. — City & State HOLIDAY, FL Zip 34691	

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida SEP 24, 1985	
5. FEI Number 59-2240-505	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	

\$38.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent Name Spiegel & Utrera, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 Almeria Ave. Suite, Apt. #, Etc. — City Coral Gables		State FL	Zip Code 33134
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-12/12/00-01046-010
****358.50 ****358.50

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]** - **Att'y at Law**
REGISTERED AGENT MUST SIGN

Date **11/27/00**

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	JAMES DENNIS	1452 WICKHAM LANE	HOLIDAY, FL 34691
VP	ERNEST CORRADO	1311 Persimmon	HOLIDAY, FL 34691
SEC	CHESTER LAZOWSKI	1414 WEYFORD LN	HOLIDAY, FL 34691
TREAS	BETTYE BEVERLY	1176 CHELSEA LN	HOLIDAY, FL 34691
ATTY	DONALD FOWLER	3124 PINON DR	HOLIDAY, FL 34691
DIR	TOM SULLIVAN	3151 ATLANTIS DR	HOLIDAY, FL 34691

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: **Bettye J. Beverly, Pres.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **24 Nov 2000** 727-944-2110
Daytime Phone #

KE

CR2081 (9/99)