PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUL -9 AM 10: 08

DOCUMENT # P00000098607

1. Corporation Name
Tek-Plus Security, Inc.

300022078573
08/05/03--01066--026 **908.75

REINSTATEMENT 02-03

2. Principal Office Address	3. Mailing Office Address
2310 SW 84 Way	2310 SW 84 Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miramar FL	City & State: Miramar, FL
Zip: 33025 Country: Broward	Zip: 33025 Country: Broward

4. Date Incorporated or Qualified To Do Business in Florida: 1/28/00

5. FEI Number: 223704681 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☑

7. Name and Address of Current Registered Agent

Name: Delroy Nicely

Street Address (P.O. Box Number is Not Acceptable): 2310 SW 84 Way

Suite, Apt. #, Etc.:

City: Miramar | State: FL | Zip Code: 33025

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: Delroy Nicely — REGISTERED AGENT MUST SIGN — Date: 7/8/03

CR2E081 (10/02)

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
D	Delroy Nicely	2310 SW 84 Way	Miramar, FL 33025
D	Jacques Nicely	2310 SW 84 Way	Miramar, FL 33025
D	Luneida Pratts	2310 SW 84 Way	Miramar, FL 33025

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: Delroy Nicely — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 7/8/03 — Daytime Phone #: 954 433-2095