

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 27 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000032536

1. Corporation Name

SOUTHERN SECURITY SYSTEMS, INC.

Principal Place of Business

Mailing Address

~~3727 DEL PRADO BLVD~~
CAPE CORAL FL 33904

~~3727 DEL PRADO BLVD~~
CAPE CORAL FL 33904



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

2. New Principal Office Address, If Applicable

4707 SE 9th Place
Suite, Apt. #, etc. 103

3. New Mailing Office Address, If Applicable

4707 SE 9th Place
Suite, Apt. #, etc. 103

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

03/27/2000

5. FEI Number

65-0993867

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	PASCUCCI, BILL	3727 DEL PRADO BLVD 4707 SE 9th Place	CAPE CORAL FL 33904
VPTS	PASCUCCI, LUANN	3727 DEL PRADO BLVD 4707 SE 9th Place	CAPE CORAL FL 33904
VP	ELDREDGE, TROY	4641 NW 79TH AVE	LAUDERHILL FL 33351

900024169169

10/27/03 01075-000 **150.00

8. Name and Address of Current Registered Agent

PASCUCCI, BILL
3731 SE 3RD PLACE
CAPE CORAL FL 33904

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

REGISTERED AGENT MUST SIGN

Date 10/14/03

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 #

239-945-
10-1403 6300

CR2E040 (7/03)

October 22, 2003

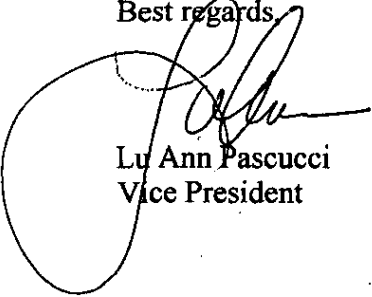
To: State of Florida

Re: Southern Security Systems, Inc Reinstatement

To Whom It May Concern:

I am requesting that the reinstatement fee be waived for Southern Security Systems, Inc. Our company was in the process of being taken over by another company and we never received the first report. This transaction has since been negated. Our office location moved in April 2003. We are now located at 4707 SE 9th Place, Cape Coral, FL 33904. Enclosed is the \$150 renewal fee.

Best regards



Lu Ann Pascucci
Vice President