

Florida Department of State

Division of Corporations

Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000114807 3)))



H090001148073ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6384

From:

Account Name : NATIONAL CORPORATE RESEARCH, LTD.

Account Number : I20000000088

Phone : (800) 221-0102

Fax Number : (212) 564-6083

CORPORATION REINSTATEMENT

VANGUARD SECURITY OF BROWARD COUNTY, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$908.75

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

(((H090001148073)))

ORIGINAL FORM 3: 47

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSSECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000039753

1. Corporation Name

Vanguard Security of Broward County, Inc.

REINSTATEMENT

8-09

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #
10145 N.W. 19 St.3. Mailing Office Address
10145 N.W. 19 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FLCity & State
Miami, FLZip
33172Country
USAZip
33172Country
USA4. Date Incorporated or Qualified
To Do Business in Florida 04/20/20005. FEI Number
650582620Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Ricardo N. GasteazoroStreet Address (P.O. Box Number is Not Acceptable)
10145 N.W. 19 St.

Suite, Apt. #, Etc.

City
MiamiState
FLZip Code
33172☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date 5/5/2009

REGISTERED AGENT MUST SIGN

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	Ronald G. Farrell	11765 Great Oaks Way, Suite 120	Alpharetta, GA 30022
S	Fernando Tapia	10145 N.W. 19 St.	Miami, FL 33172

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 contained in Chapter 119, 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 #

(((H09001148073)))

5/5/09