02/22/2002 11:00 561-998-9245 ENGLER PAGE 01

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR -4 PM 4:00

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000041168

1. Corporation Name
Superior Security Solutions INC
16625 134th Terrace North
Jupiter, FL 33478

300005326773--5
-04/23/02--01061--026
****900.00 ****900.00

REINSTATEMENT 01.02

2. Principal Office Address	**3.** Mailing Office Address
16625 134th Terrace North	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jupiter FL	City & State
Zip: 33478 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 4/20/2000

5. FEI Number: 65-0999312 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Michael GosseTT

Street Address (P.O. Box Number Is Not Acceptable): 16625 134th Terrace North

Suite, Apt. #, Etc.

City: Jupiter State: FL Zip Code: 33478

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] Date 4/1/02

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
Pres	Michael Gossett	16625 134th Terrace N	Jupiter FL 33478

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: [signature] 3/6/02 5617496700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #