PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



ORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

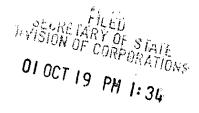
DOCUMENT # P0000091278

1. Corporation Name

S & R SECURITY, INC.

Principal Place of Business

Mailing Address



330 SE 201 DEERFIELD	TH AVE BEACH FL 33	441		330 SE 20TH AVE DEERFIELD BEACH FL 33441			REIVSTATENT OF			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.									COCI	=U-
				New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 09/25/2000			
Suite, Apt.	#, etc.	Suite, Apt. #	Suite, Apt. #, etc.			6 FEINING TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE TOTAL TO TH				
City & State			- City & State	- City-& State			65-1048481			Applied For Not Applicable
Zip		Country	Zip		Country		6. CERTIFICATE OF STATUS DESIRED S8.		\$8.75 Addi for a Cer	itional Fee required tificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)										
Title(s)	Fitle(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip		
DP	WILSON, JOHN H			330 SE 20TH AVE			,	DEERFIELD BEACH FL 33441		
							20	1000466 -11/01/01- ****750.00	17:9 -01008 -***	22 012 *750.00-
								K	KIDB	d d
8. Name and Address of Current Registered Agent							9. Name and 4	ddress of New Register	ed Agent	
WILSON, JOHN H					Name					
330 SE		<u> </u>		.O. Box Number is Not Acceptable)						
DEERFIELD BEACH FL 33441						Suite, Apt. #, Etc.				
					-	City	, , , , , , , ,		tate Zip C	ode
10. I, being		e registered agent of the a	bove named corpo				ligations of Section	on 607.0505, F.S.	0/	

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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

REGISTERED AGENT MUST SIGN

10-15-01 954-725-3580

Daytime Phone #