

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC -3 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500163289865
12/03/09--01036--009 **450.00
CR2E081 (11/09)
REINSTATEMENT 02-09

DOCUMENT # P01000001978

1. Corporation Name

South-Florida Security Patrol corp

2. Principal Office Address - No P.O. Box #

1082 SW 131 Avenue

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

miami

City & State

Florida

Zip

33184

Country

usa

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/05/2001

5. FEI Number

65-1067076

☐ 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

ELPIDIO Cabrera

Street Address (P.O. Box Number is Not Acceptable)

1082 SW 131 Avenue

Suite, Apt. #, Etc.

City

miami

State

FL

Zip Code

33184

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/30/09

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
pd	Elpidio A Cabrera	1082 SW 131 Ave	Miami, Florida 33184

10. E-mail Address:

(To be used for future annual report notification)

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, I further certify, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/09

Date

786-738-4050

Daytime Phone #