


PS 182

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUN 18 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>PO1000008144</u> 1. Corporation Name <u>Security Systems of America Corporation</u> <u>W04000021456</u>	
2. Principal Office Address <u>5633 NW 86th Ave</u> Suite, Apt. #, etc.	3. Mailing Office Address <u>5633 NW 86th Ave</u> Suite, Apt. #, etc.
City & State <u>Coral Springs, FL</u> Zip <u>33067</u> Country <u>USA</u>	City & State <u>Coral Springs FL</u> Zip <u>33067</u> Country <u>USA</u>

REINSTATEMENT <u>2-24</u>	
4. Date Incorporated or Qualified To Do Business in Florida <u>JAN 22, 01</u>	
5. FEI Number <u>13-4280726</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <u>Mauricio Rubio</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>5633 NW 86th Ave</u>	
Suite, Apt. #, Etc.	
City <u>Coral Springs</u>	State <u>FL</u>
Zip Code <u>33067</u>	

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 <u>Mauricio Rubio</u>	Date <u>June 10/04</u>
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
P/D	Mauricio Rubio	5633 NW 86th Ave	Coral Springs FL 33067
S/D	Lola S. Rubio	5633 NW 86th Ave	Coral Springs FL 33067
<div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; border: 1px solid black; background: linear-gradient(to top right, transparent 49%, black 49%, black 51%, transparent 51%); background-size: 100% 100%;"></div>			

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: <u>Mauricio Rubio</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>June 11/04</u> Daytime Phone # <u>561-901-7033</u>

CR2001 (01/04)

TR

PS 2002

SECURITY SYSTEMS of AMERICA

CORPORATION

May 21, 2004

Department of State
Division of Corporations
P.O Box 6327
Tallahassee, FL 32314

REF: Request to Re-activate and waive reinstatement fees for Security Systems of America Corporation - PO 1000008144

Dear Sir or Madam:

Please accept this letter as a request to re-activate and waive the reinstatement fees for Security Systems of America Corporation, based on the fact that we did not received ANY annual reports forms. *per 2002 and 2004.*

The documents for the above corporation were filed Jan 22, 2001 and never conducted any business.

Enclosed please find check # 307 in the amount of ~~\$458.75~~ *\$458.75* to cover fees as follows:

2001, 2002, 2003 ~~2004~~ *2004* @ \$150 = ~~\$450~~ *\$450*
Certificate of Status @ \$ 8.75

Please send a Certificate of Status to:

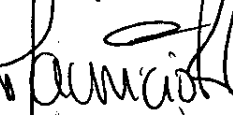
Security Systems of America Corporation

Attn: Mr. Mauricio Rubio

5633 NW 86th Ave.

Coral Springs, FL 33067

Sincerely,



Mauricio Rubio
Registered Agent

5633 NW 86th Ave
Coral Springs, FL 33067

Ph: 954-344-7373
Email: ssamerica@bellsouth.net