

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
03 APR -9 AM 10:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P01000011376**

**1. Corporation Name**

PEAK SECURITY, INC.

**2. Principal Office Address**

3045 KNIGHT STATION ROA

Suite, Apt. #, etc.

City & State

LAKELAND, FL

Zip

33810

Country

USA

**3. Mailing Office Address**

3045 KNIGHT STATION ROA

Suite, Apt. #, etc.

City & State

LAKELAND, FL

Zip

33810

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

01/29/01

**5. FEI Number**

05-1094307

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

500015562375  
07/03/03--01/06/03 \*\*900.00

**7. Name and Address of Current Registered Agent**

Name

LLOYD D HERBERT JR

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

3045 KNIGHT STATION ROAD

Suite, Apt. #, Etc.

City

LAKELAND

State

FL

Zip Code

33810

**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

*Lloyd D. Herbert Jr.*

REGISTERED AGENT MUST SIGN

Date

4/1/03

**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
DP	LLOYD D HERBERT JR	3045 KNIGHT STATION ROAD	LAKELAND, FL 33810

**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 807.0401 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:**

*Lloyd Herbert Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/1/03

Daytime Phone #

(863) 698-3144

CR2E081 (10/02)