

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000015774

1. Corporation Name

POULIN DETECTIVE AND SECURITY SERVICES, INC.,

1006000052493

2. Principal Office Address

1408 S 24TH TERRACE

3. Mailing Office Address

1408 S 24TH TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FLORIDA

City & State

HOLLYWOOD, FLORIDA

Zip

33020

Country

USA

Zip

33020

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 02/12/2001

5. FEI Number

650218798

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

POULIN, ADRIAN J

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

1408 S 24TH TERRACE

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33020

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

Charles Wasieles

Date

11/25/01

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
CEO	POULIN, ADRIAN J	1408 S 24TH TERRACE	HOLLYWOOD, FL 33020
VP-D	TROUTMAN, DR. TOMMY	1408 S. 24TH TERRACE	HOLLYWOOD, FL. 33020
	<i>Dr. Tommy Troutman</i>		

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 contained in Chapter 119, 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:

Adrian J. Poulin

POULIN, ADRIAN J

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/28/06

Date

(954) 921-0406

Daytime Phone #

FILED

07 JAN -3 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01/12/07--01001--030 **900.00

REINSTATEMENT

05-06