

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 FEB 24 PM 3:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 01000039426

1. Corporation Name

ROYAL SECURITY SERVICES, INC.

2. Principal Office Address

1666 KENNEDY CSWY

Suite, Apt. #, etc.

1702

City & State

NORTH BAY VILLAGE, FL.

Zip

33141

Country

U.S.A

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

**REINSTATEMENT 03-04**

4. Date Incorporated or Qualified  
To Do Business in Florida

04/18/2001

5. FEI Number

65-1097775

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

RICHARD BIRKENWALA, ESP.

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

17101 N.E. 19TH AVE.

300029308133

02/24/04--01039--016 \*\*300.00

Suite, Apt. #, Etc.

201

City

NORTH MIAMI BEACH

State

FL

Zip Code

33162

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

R. Birkenwala

REGISTERED AGENT MUST SIGN

Date

02/17/2004

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
PRES	CARMELO ROSARIO	961 PELICAN BAY AR.	DAYTONA BEACH, FL. 32119
V.P	DAVID CARBALLO	206N HIGHLAND LAKES BOULEVARD	MIAMI, FL. 33179
SIT	DAVID CARBALLO	SAME	

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)(l), 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:

David Corballe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/17/04

Daytime Phone #

305-867-2552

TR

CR2E(01) (9/01)

2-17-04

TO WHOM IT MAY CONCERN

LAST WEEK MY WORKERS COMP. INSURANCE AGENT INFORMED ME THAT THE STATE WEB SITE SHOWED OUR CORPORATION DISSOLVED. I SHOWED HIM A LETTER # 663A00007025 DATED FEB. 3, 03 STATING WE HAD BEEN REINSTATED AND WERE OK. ON 2-17-04 I CALLED THE STATE CORPORATION REINSTATEMENT SECTION AND SPOKE TO JUSTIN AND WAS INFORMED THAT THE REINSTATEMENT WAS VALID THROUGH 2003. WE NEVER RECEIVED THE 2004 RENEWAL NOTICE.

JUSTIN INFORMED ME THAT A RENEWAL NOTICE HAD BEEN SENT TO OUR OFFICE TO SUITE # 70. THE CORRECT SUITE IS # 702. I APOLOGIZE FOR ANY INCONVENIENCE AND REQUEST REINSTATEMENT. JUSTIN INFORMED ME TO WRITE A LETTER OF EXPLANATION AND SUBMIT A REINSTATEMENT FORM WITH A CHECK FOR 3081.02.

Respectfully,  
David Corball