

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED
03 FEB -3 AM 9:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000039426

1. Corporation Name

ROYAL SECURITY SERVICES INC.

800012305668
02/11/03--01020--003 **750.00

REINSTATEMENT 02

2. Principal Office Address

1666 KENNEDY CAUSEWAY

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

70

Suite, Apt. #, etc.

City & State

NORTH BAY VILLAGE

City & State

Zip

33141

Country

U.S.A.

Zip

Country

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 BIRKENWALD, ESP.

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

1710 1 NE 19TH AVE

Suite, Apt. #, Etc.

201

City

N. 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. Birkenwald

REGISTERED AGENT MUST SIGN

Date 1/30/2003

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	CARMELO ROSARIO	961 PELICAN BAY DR	DAYTONA BEACH FL 32113
VP	DAVID CARBALLO	20615 HIGHLAND LAKES BLVD	MIAMI, FL 33179
S/T	DAVID CARBALLO		

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:

David Carballo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/2003

Date

305.542-8322

Daytime Phone #