PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION STATEMENT	Secretar DIVISION OF C	LORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 04 MAR -5 PM 2: 12		
DOCUMENT # PO1 0000 39708				1	TON LALLY STATE		
1. Corporation Name				SE	CREIAKI UZ STATE LAHASSEE, FLORIDA		
A-1 SECURITY OFFICER SERVICES INC				IAL	F. VIII.		
İ							
	al Office Address ATLANTIC BLVD	3. Mailing Office Address C/O 660 W OAKLAND PK BLVD			ATERINT OF	04	
Suite, Apt. #		Suite, Apt. #, etc.		Silvio :	, NO 183 184 184 184 184 184 184 184 184 184 184		
STE 20				4. Date Incorporated or Qualified			
City & State)	City & State		To Do Business in Florida			
POMPANO BEACH FL		FT LAUDERDALE FL		5. FEI Number Applied For Not Applicable			
Zip 33069	Country BROWARD	Zip 33311-1728	Country BROWARD	6. CERTIFICATE	OF STATUS DESIRED S8.75 Additional if for a Certificate	Fee required	
7. Name and Address of Current Registered Agent							
	Name APRIL PEACH BETTER INCOME TAX SERVICE						
	Street Address (P.O. Box Number is Not Acceptable) 660 W OAKLAND PARK BLVD 500030328985 03/12/0401015006 **300.00						
	Suite, Apt. #, Etc.				0401015006 **300	00	
	FT LAUDERDALE				State Zip Code FL 33311-1728		
8. I, being	appointed the registered agent of the ab	ve named corporation, am	familiar with and accept the ol	bligations of section	1 607.0505 or 617.0503, F.S.	1 0	
Signature of Registered Agent				Date 3/4/2004			
Registered		EGISTERED AGENT MUS	TSIGN		Date		
9. Names	s and Street Addresses of Each Officer ar	nd/or Director (Florida nonpr	ofit corporations must list at le	ast 3 directors)			
Titles			Street Address of Each Officer and/or Director		City / State / Zip		
Р	PATRICK T CASTRONOVO		4050 NW 42 AVE #315		LAUDERDALE LAKES FL 33319		
:							
		·	-				
this rei owed b	instatement application, the reason for dis	solution has been eliminated names of individuals listed	 the corporate name satisfies on this form do not qualify for 	the requirements of an exemption unde	ter 607 or 617, F.S. I further certify that whof section 607.0401 or 617.0401, F.S., that is section 119.07(3)(i), F.S. The information	all fees	
SIGNATURE:							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					Date Daytime Phone #		

A-1 SECURITY OFFICER SERVICES INC

C/O BETTER INCOME TAX SVC 660 W OAKLAND PARK BLVD FT LAUDERDALE, FL 33311

March 4, 2004

FL DEPT OF STATE DIVISION OF CORPORATIONS 409 E GAINES STREET TALLAHASSEE, FL 32399 ATTENTION: TINA

RE:

A-1 SECURITY OFFICER SERVICES INC P01000039708

PER OUR CONVERSATION TODAY, PLEASE BE ADVISED THAT I NEVER RECEIVED MY ANNUAL BUSINESS REPORT FOR FILING YEAR 2002. THE CORPORATION WAS OPENED APRIL 19, 2001. PLEASE ACCEPT MY REQUEST TO REINSTATE THE CORPORATION. ENCLOSED IS MY CHECK FOR \$300.00 TO COVER 2003 REINSTATEMENT AND 2004.

I APPRECIATE YOUR CONSIDERATION IN THIS MATTER.

THANK YOU.

PATRICK CASTRONOVO

PRESIDENT