

2005 FOR PROFIT CORPORATION REINSTATEMENT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08292005 REIN-P CR2E098 (6/04)

DOCUMENT # P01000046572					
1. Entity Name MAS SECURITY AGENCY INC.					
Principal Place of Business 11443 D WEST PALMETTO PARK RD BOCA RATON, FL 33498			Mailing Address 11443 D WEST PALMETTO PARK RD BOCA RATON, FL 33498		
2. Principal Place of Business 900 N. FEDERAL HWY. Suite, Apt. #, etc. SUITE 230 City & State BOCA RATON, FL Zip 33432 Country U.S.A.		3. Mailing Address 900 N. FEDERAL HWY. Suite, Apt. #, etc. SUITE 230 City & State BOCA RATON, FL Zip 33432 Country U.S.A.		4. FEI Number 22-3803782 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent MACCIOLI, GERARD 19507 ESTUARY DRIVE BOCA RATON, FL 33498			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 900 N. FEDERAL HWY SUITE 230 City BOCA RATON FL Zip Code 33432		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u>Gerard Maccoli</u> GERARD MACCOLI <u>Sept 5, 2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACCIOLI, GERARD 19507 ESTUARY DR BOCA RATON, FL 33498 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 900 N. FEDERAL HWY, STE 230 BOCA RATON, FL 33432		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOSAIALPO, LOUIS 64 A MARY STREET LODI, NJ 07644 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100059447141 09/08/05--01020--002 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Gerard Maccoli</u> GERARD MACCOLI <u>Sept 5, 2005</u> (501) 395-1154 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					