

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000070107	
1. Entity Name CSM SECURITY & SERVICES, INC.	



FILED

04 NOV 12 PM 3: 23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 7331 W NORMANDY STREET MIRAMAR, FL 33023	Mailing Address 7331 W NORMANDY STREET MIRAMAR, FL 33023
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10212004 REIN-P CR2E098 (6/04)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WRIGHT, LIVINGSTONE A 7331 W NORMANDY STREET MIRAMAR, FL 33023		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 LIVINGSTONE A. WRIGHT 10/25/04  
Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2005, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, LIVINGSTONE A 7331 W NORMANDY STREET MIRAMAR, FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400042693004 11/12/04--01048--001 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGH, LARRY 102-05 N W 7TH AVENUE MIAMI, FL 33150 <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
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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: LIVINGSTONE A. WRIGHT 10/25/04 (904) 964-5532  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

10/25/04


CSM SECURITY & SERVICES INC.  
7331 NORMANDY ST.  
MIRAMAR FL. 33023

DIVISION OF CORPORATION  
Tallahassee Florida.

Dear sir / Madam

As a result of the number of hurricanes we experienced in Florida this year, where we had to be constantly securing documents and other items from being damaged by the weather. Due to this disruption a lot of correspondence were either misplaced or not received. As a result I was unable to send off the document to your office in a timely manner. Since these were situations beyond our control. I do ask that the corporation be reinstated.

Thank You

  
Livingstone A. Wright