

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FOR REINSTATEMENT

FILED

02 DEC 30 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000070107

1. Corporation Name

CSM SECURITY & SERVICES, INC.

Principal Place of Business

7331 W NORMANDY STREET
MIRAMAR FL 33023

Mailing Address

7331 W NORMANDY STREET
MIRAMAR FL 33023

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

07/15/2001

5. FEI Number

65-1134232

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	WRIGHT, LIVINGSTONE A	7331 W NORMANDY STREET	MIRAMAR FL 33023
D	SINGH, LARRY	102-05 N W 7TH AVENUE	MIAMI FL 33150

8. Name and Address of Current Registered Agent

WRIGHT, LIVINGSTONE A
7331 W NORMANDY STREET
MIRAMAR FL 33023

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-28-02

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-28-02 (954) 984-5532

Date

Daytime Phone #

CR2E040 (8/02)

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CSM SECURITY & SERVICES, INC.

A FULL SERVICE AGENCY

ARMED & UNARMED GUARDS, EXECUTIVE PROTECTION, PATROL
METAL & WEAPON DETECTION. HOME, BUSINESS & ENTERTAINMENT
INDUSTRY.

TELEPHONE (954) 964-5532 (786) 277-9843 FAX (954) 989-3501.

11.07.02

TO: WHOM IT MAY CONCERN.

THIS IS TO STATE THAT PREVIOUS LETTERS/MAILERS
WERE NOT RECEIVED. AFTER RECEIVING THIS PACKAGE
OF BRIGHT RED COLOR WHICH GOT MY ATTENTION & SEARCHING
THROUGH IT I FOUND OUT THAT OTHERS WERE MAILED. THOSE
I DID NOT RECEIVE.

I ASK THAT FEE BE WAIVED.

THANK YOU IN ADVANCE.

LIVINGSTONE A WRIGHT.