

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 11:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P01000106443**

1. Corporation Name

ALL TECH SECURITY, INC.

Principal Place of Business

Mailing Address

~~3040 S. MILITARY TR.~~
~~SUITE B-~~
~~LAKE WORTH FL 33463~~

~~3040 S. MILITARY TR.~~
~~SUITE B-~~
~~LAKE WORTH FL 33463~~

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

11440 Okeechobee Blvd
Suite, Apt. #, etc.
210 B

11440 Okeechobee Blvd
Suite, Apt. #, etc.
210 B

City & State
Royal Palm Beach, FL

City & State
Royal Palm Beach, FL

Zip
33411

Country
USA

Zip
33411

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/05/2001

5. FEI Number

65-1153134

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPST	ROBINSON, DAVID T	188 SANDPIPER AVE.	ROYAL PALM BEACH FL 33411
VP	ROBINSON, RHONDA	188 SANDPIPER AVE.	ROYAL PALM BEACH FL 33411

600023966816

10/21/03--01049--019 **750.00

8. Name and Address of Current Registered Agent

ROBINSON, DAVID
188 SANDPIPER AVENUE
ROYAL PALM BEACH FL 33411

9. Name and Address of New Registered Agent

Name
Rhonda Robinson
Street Address (P.O. Box Number is Not Acceptable)
188 Sandpiper Ave
Suite, Apt. #, Etc.

City
Royal Palm Beach

State
FL

Zip Code
33411

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

Rhonda Robinson
REGISTERED AGENT MUST SIGN

Date 10/10/03

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:

Rhonda Robinson Rhonda Robinson 10/10/03 Sol-728-2562
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)