PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| APPLICATION   |
|---------------|
| FOR           |
| REINSTATEMENT |



## FLORIDA DEPARTMENT OF STATE

## Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** 

P01000112764

1. Corporation Name

KELLY'S PROFESSIONAL SECURITY-SERVICES, INC.

Principal Place of Business

Mailing Address

3784-A SILVER STAR ROAD ORLANDO FL 32808 3784-A SILVER STAR ROAD ORLANDO FL 32808

FILED

03 JAN 15 AM 9:23

SECRETARY OF STATE TALLAHASSEE, FLORIDA



| If above a   | addresses are incorrect in any way-line thm | ugh incorrect (r                               | nformation o         | nd anter  | correction below-   | <u> </u>  | <u> </u>                                |                |   |  |
|--|---|--|----------------------|---|---|---|---|----------------|---|--|
| 1. New Principal Office Address, If Applicable 3. New Mailing Office Address II Applicable 3. New Mailing Office Addres |   |  |                      |   | Date Incorporated or Qualified     To Do Business in Florida     11/28/2001 |   |   |                |   |  |
| City & State  OR Lando, Florida OR Lando   |   |  | rudo, Florida        |   |   | 5. FEI Number  59-375982 Applied For Not Applicable |   |                |   |  |
| 219 32818 Country SA 328   |   |  | 18                   | Country  CERTIFICATE OF STATUS DESIRED   S8./5 Additional Fee of for a Certificate of S |   |   |   |                | ditional Fee required<br>ertificate of Status |  |
| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  |   |  |                      |   |   |   |   |                |   |  |
| Title(s)   | Name of Officers and/or Directors           | Street Address of Each Officer and/or Director |                      |   | City / State / Zip  |   |   |                |   |  |
| _D   | KELLY, ROBERT                               |  | 3784-A CIVILSTAR RD  |   |   |   | CORLANDO FL 32808                       |                |   |  |
| Þ  | Kelly, Robert                               |  | 273                  | 8 R   | eneGrad<br>#204   | e brive   | orlan                                   | 7,060<br>3.08  |   |  |
|  |   | <del></del>                                    |                      |   | · · · · · ·   | 01/15<br>01/15                                      |   | 19391          |   |  |
|  |   |  |                      |   |   | 01/15/  | <u> </u>                                | 3090<br>08_**1 | 1<br>50.00                                    |  |
|  |   |  |                      | **  |   | <u></u>   |   | 3399           |   |  |
|  | News  |  |                      |   |   |   | 3U]]] h/U                               |                | <u> </u>                                      |  |
|  |   |  |                      |   |   | 9. Name and Address of New Registered Agent         |   |                |   |  |
| Ctropt Adeles  |   |  |                      |   | Cok   | DERTE LONG (P.O. Box Number is Not Acceptable)      |   |                |   |  |
| 10100 W SAMPLE RD, STE 323<br>CORAL SPRINGS FL 33065   |   |  | 11555 HERON Bay BCVD |   |   |   |   | CRZEO          |   |  |
|  |   |  |                      |   | Corac   | SPRING  | 50                                      | State Zip (    | Code<br>3076                                  |  |
| 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obliga   |   |  |                      |   |   | gations of Section 607.0505, F.S. or 617.0505, F.S. |   |                |   |  |
| P 0 0 0 - 9  |   |  |                      |   |   |   | 91.45-40201007 015 <del>2:4150.86</del> |                |   |  |
| Signature of Registered Agent REGISTERED AGENT MUST SIGN   |   |  |                      |   |   |   | Date $\frac{1}{2}$                      | 102            |   |  |
| 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 filling 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.   |   |  |                      |   |   |   |   |                |   |  |

## From The Desk Of: Kelly's Professional Security-Services, Inc.

December 3, 2002

Kelly's Professional Security-Services, Inc. 2738 Renegade Drive # 204 Orlando, Florida 32818

Re: Kelly's Professional Security-Services, Inc. Change of address for UBR notice

Dear Sir or Madam:

Please be advised that we relocated our offices in the tax year 2002. Due to the move we unfortunately never received the notices for the UBR filing in a timely fashion. As per our conversation with your office we are sending you a check in the amount of \$150.00. Included in this mailing is the completed Application for Reinstatement and this letter of explanation. We have made appropriate changes to the Application for Reinstatement as duly noted.

Thank you for your patience and attention in this matter.

Very Truly Yours,

\_\_Mr.\_\_Robert\_A.\_\_Kelly

Robert A. Kelly

President, Kelly's Professional Security-Services, Inc.