PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR : REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P02000050432 DOCUMENT

1. Corporation Name

ALLIANCE SECURITY, & PROTECTIVE SERVICES, INC.

Principal Place of Business

Mailing Address

4701 NW 16 ST

4701 NW 16 ST

FILED

03 OCT 23 AMII: 37

SECHETARY OF STATE TALLAHASSEE, FLORIDA

10-20-03

Date

Daytime Phone #

LAUDERHILL FL 33313-5523			LAUDERHILL FL 33313-5523					REIMOINIEMENTE OS				
If above addresses are incorrect in any way, line through incorrect information and enter correction below.								-		•		
- 2. New Principal Office Address, If Applicable3. New Mailing Office Address, If Applicable								Date Incorporated or Qualified To Do Business in Florida OF 107 10000				
Suite, Apt. #, etc. Suite, Apt. #, etc. N/A 160 NW									05/07/2002			
City & State		City & State	50 NW 176 St, y&State Lami, Fl. 3316)2-3	5. FEI Number 04/3699362			Applied For Not Applicable		
Zip Country			Zip 33169	Country				6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status				
7. Names a	and Street Ad	dresses of Each Officer and/					must list at lea	st 3 directors)				
Title(s)	2	Name of Officers and/or Directors		3			ldress of Each nd/or Director		4	City / State / Zi	o	
Pres.	Alvin	Lewis	·	4701	NW	16	Street		Lauderhil	ll, Fl.	33313	
V.P.	Rafae	l Jorge	: <u> </u>	1930	4 NW	1 45	Ave		Miami, Fl	. 3305	5	
				i 				7 0 10/23/	002405 03010840	6557 115 **19	5000	
(i								
									- 9Name and Address of New Registered Agent			
Name								Same				
LEWIS, ALVIN 4701 NW 16 ST LAUDERHILL FL 33313-5523					Street Address (P Suite, Apt. #, Etc.			.O. Box Number is Not Acceptable)				
									·			
					City					State Zip (Ode	
10. I, being	appointed the	e registered agent of the abo	ve named corpo	ration, am t	amiliar v	vith and	accept the ob	oligations of Section	on 607.0505, F.S. or 6	617.0505, F.S.		
Signature o		lvin Lewis	ENT MUST SIGN				Date 10-20-03					
		officer or director or the receivalication, the reason for disso										

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: Alvin Lewis

Alliance Security & Protective Services, Inc. 160 N.W. 176 Street. Suite #302-3 Miami, Fl. 33169

Office: #305-652-8227 Fax: #305-655-2772

Alliance Security & Protective Services, Inc.

October 20, 2003

Division Of Corporations Annual Report / Reinstatement Section Post Office Box #6327 Tallahassee, Fl. 32314-6327

Dear Sir or Madam:

Note that we have just started this company approximately a year ago, and I must admit that there are several items we must get into place. One of the such items is the mailing address of our corporate mail. I received the "Notice Of Administrative Dissolution Or Revocation". Be advised that the notice was sent to my home address of which my ex-spouse now lives, and neither my partner nor I ever received the notice. At this time, we are novice at the starting of this new business and should have been a little more on top of this. I spoke to a representative of your office, and I was told that if we never received the Notice, we have a good chance of having of corporation reinstated with the \$150.00 reinstatement fee. This would be of great appreciation, in that our company is new, and is just beginning to see some type of profit.

Enclosed is the check for \$150.00, and the listed completed form. Please feel free to contact me if there are any questions.

Sincerely,

Al.Lewis (954-347-2514)

President

Alliance Security & Protective Services, Inc.

Toll-Free: 866.682.2776

Rafael Jorge Vice President 786.258.1738

2880 W. Oakland Park Blvd., #206

Al Lewis

President

954.347.2514

Ft. Lauderdale, FL 33311 Phone: 954.347.2514

Lic.#B-2200035

160 N.W. 176 Street Suite #302-3 Miami, FL 33169

Phone: 305.652.8227 Fax: 305.655.2772