

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 23 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000057148

1. Corporation Name

HOLSENBECK SECURING SERVICES, INC.

Principal Place of Business

Mailing Address

~~RT 3 BOX 530~~
STARKE FL 32091

~~RT 3 BOX 530~~
STARKE FL 32091

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

2. New Principal Office Address, If Applicable

10705 SE 49th Ave

Suite, Apt. #, etc.

Starke, FL

City & State

3. New Mailing Office Address, If Applicable

10705 SE 49th Ave.

Suite, Apt. #, etc.

Starke, FL

City & State

Zip
32091

Country
USA

Zip
32091

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/22/2002

5. FEI Number

03-0438280

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
DP	HOLSENBECK, WILLIAM M	RT 3 BOX 530	STARKE FL 32091
D	HOLSENBECK, KIMBERLY L	RT 3 BOX 530	STARKE FL 32091

800024057468
10/23/03 01000 007 **750.00

8. Name and Address of Current Registered Agent

HOLSENBECK, WILLIAM M
~~RT 3 BOX 530~~
STARKE FL 32091

9. Name and Address of New Registered Agent

Name

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

10705 SE 49th Ave.

Suite, Apt. #, Etc.

City

Starke

State

FL

Zip Code

32091

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

William M. Holsenbeck
REGISTERED AGENT MUST SIGN

Date

10-22-03

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 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 paid 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

Date

Daytime Phone #

Kimberly L. Holsenbeck *Kimberly L. Holsenbeck* 10/22/03 352-468-3894

CR2E040 (7/03)