


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # P02000069806

1. Corporation Name

MASTER SECURITY SERVICES CORPORATION

Principal Place of Business

Mailing Address

580 CASCADE FALLS DRIVE
WESTON FL 33327

580 CASCADE FALLS DRIVE
WESTON FL 33327

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

2. New Principal Office Address, If Applicable

18910 SW 32 CT.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

18910 SW 32 CT.
Suite, Apt. #, etc.

City & State

Miramar, Florida
Zip 33029 Country USA

City & State

Miramar, Florida
Zip 33029 Country USA

REINSTATEMENT 07

4. Date Incorporated or Qualified
To Do Business in Florida

06/24/2002

5. FEI Number

41-2047664

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
D	SANTINI, PERRY	13320 S.W. 128TH STREET	MIAMI FL 33186

200024329512
10/31/03--01026--013 **150.00

8. Name and Address of Current Registered Agent

SINGER, DAVID H
13320 S.W. 128TH STREET
MIAMI FL 33186

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

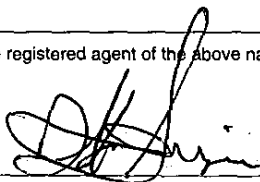
City

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



REGISTERED AGENT MUST SIGN

Date 10-22-03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-03 954-602-5471
Date Daytime Phone #

CR2E040 (7/03)



October 24, 2003

Department of State
Divisions of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Reinstatement

Please except this letter as justification as to why Master Security Services Corp. has not filed in a timely fashion. As you can see the original document was mailed to 580 Cascade Falls Drive Weston, FL 33027. Our company resides at 18910 SW 32 Court in Miramar, FL 33029 and has since September of 2002.

We would greatly appreciate your extension on the filing considering that we did not receive the filing until the month of October with the correct address.

We have enclosed the corporate fee of \$150.00. Should you have any questions, please feel free to call us at anytime. The daytime number is 954-602-5671.

Thank You and
Respectfully

A handwritten signature in cursive script, appearing to read 'Karen B. Santini', written over a horizontal line.

- Karen B. Santini,
Treasurer

Master Security Services Corp. 18910 SW 32 Ct. Miramar, FL 33029 954-602-5671 Off. 954-602-5672 fax