

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 SEP 21 PM 12:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PO2000075544

1. Corporation Name  
SECURITY NETWORK ENTERPRISES  
INC

2. Principal Office Address - No P.O. Box #  
5823 BLUEBERRY CT.  
Suite, Apt. #, etc.

3. Mailing Office Address  
Suite, Apt. #, etc.

City & State  
LAUDERHILL FL  
Zip  
33313

City & State  
Zip  
Country

**REINSTATEMENT** 03-07  
CR2E081N(1/07)

4. Date Incorporated or Qualified To Do Business in Florida  
7-11-2002

5. FEI Number  
PO2000075544  
Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
GARRETT CASSELLS  
Street Address (P.O. Box Number is Not Acceptable)  
5823 BLUEBERRY CT.  
Suite, Apt. #, Etc.  
City  
LAUDERHILL State FL Zip Code 33313

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Garrett Cassells Date 9-11-07  
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>V.P.</u>	<u>GARRETT CASSELLS</u>	<u>5823 BLUEBERRY CT.</u>	<u>LAUDERHILL FL</u>
<u>CEO</u>	<u>HYGEEA FRANCIS</u>	<u>5823 BLUEBERRY CT.</u>	<u>LAUDERHILL FL 33313</u>
	<del>THESSE CAR ANTOLE</del>	<del>5823 BLUEBERRY CT.</del>	<del>LAUDERHILL FL</del>
	<u>REMOVE G.G. Hoff</u>		
	<u>9/24</u>		

10. 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 contained in Chapter 119, 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: Garrett Cassells Date 9-11-07 Daytime Phone # 954-274-3326  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR