## 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 # P02000080233

1. Corporation Name

SECURITY PROFESSIONAL SERVICES INC.

Principal Place of Business

Mailing Address

2286 W 749 102 HIALEAH FL	L <b>330</b> 16	incorrect in a	2286 W 74ST 102 HIALEAH FL 33016 sugh incorrect information and enter correction below.					F	REINSTATEMENT 03							
2. New Pri	ncipal Office	Address, If Ap	3New Mailing Office Address, If A				Applicable 4. D			Date Incorporated or Qualified     To Do Business in Florida     07/24/2002						
ى 2 City & State	uite 4	Su City & State	<u>203</u> -		L	5. FEI Number 22 - 3885165			-	Applied Not App	licable					
<sup>Zip</sup> 33	33155 Country USA			Zip 33155 Countr			try よら <i>A</i>			CERTIFICATE OF STATUS DESIRED   58.75 Additional Fe						
Title(s)	and Street Add	or Director (Flo	orida nonprofit corporations must list at lea Street Address of Each Officer and/or Director				ach	City / State				p				
7	RONALD ORASSI				853	<b>bl</b> :	SW_	16	T <del>H</del>	TERR	Miami	, FL		3155		
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	8. Nam	e and Addre	ss of Current F	Registered Age	int		1.		9.	Name and A	address of New	Registered	Agent			
GUERRA, SERAFINA M 2286 W 74ST 102								Name ROJALD ORASS:  Street Address (P.O. Box Number is Not Acceptable)  8531 SW 16TH TERR  Suite, Apt. #, Etc.								
HIALEAH EL 33016																

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

FILED

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SECHETARY OF STATE

TALLAHASSEE, FLORIDA

11.1 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## SECURITY PROFESSIONAL SERVICES, INC. 7171 CORAL WAY SUITE # 203 . MIAMI, FL 33155

October 17, 2003

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, Fl 32302

Dear Sir or Madam,

The purpose of this letter is to inform you that we did not receive the notice of the Uniform Business Report for the year 2003. I requested my previous accountant to fill out the form for the change of address and send it to you, apparently he never did. We are in the process of changing to a new accountant. The financial situation of our business at this moment is not very good. Therefore, we are here requesting to you to reinstate the corporation and to abate the penalties in the amount of \$600.00 for sending the payment and the return late.

Our new address is: 7171 Coral Way Suite # 203 Miami, Fl 33155

Please make a note of it. We have been in this address since February, 2003 and we confided in our accountant to change our address with all the government agencies.

Please give us the chance to solve this problem. For us the penalty in the amount of \$600.00 will cause a great burden on our business given the circumstances.

Thanking you in advance for your help.

Sincelely

Ronald Orassi President