

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 10 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P02000087722

1. Corporation Name

Matrix Security, Inc.

REINSTATEMENT 03

100024855621
11/19/03--01041--006 **\$50.00

2. Principal Office Address

285 Torpoint Gate

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Longwood FL

Suite, Apt. #, etc.

City & State

32779

City & State

Zip

Country

Zip

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

8-12-02

5. FEI Number

352178678

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

Alan M. Sylvester

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

285 Torpoint Gate

Suite, Apt. #, Etc.

City

Longwood

State

FL

Zip Code

32779

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

Alan M. Sylvester

REGISTERED AGENT MUST SIGN

Date 11-12-03

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
Pres.	Alan M. Sylvester	285 Torpoint Gate	Longwood FL 32779
Corp. Sec.	Tracy Sylvester	285 Torpoint Gate	Longwood FL 32779

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 under section 119.07(3)(l), 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:

Alan M. Sylvester

Date

11-12-03

Daytime Phone #

407
221-6646

CR2E081 (10/02)