

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 JUN 11 PM 2:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P02000089191

**1. Corporation Name**

Stealth Security Services, Inc.

1521 Alton Road

1521 Alton Road

**REINSTATEMENT** *B-SP*

300037868423  
06/11/04--01017--002 \*\*308.75

**2. Principal Office Address**

1521 Alton Road

**3. Mailing Office Address**

1521 Alton Road

Suite, Apt. #, etc.

386

Suite, Apt. #, etc.

386

City & State

Miami, FL

City & State

Miami, FL

Zip

33139-3301

Country

USA

Zip

33139-3301

Country

USA

**4. Date Incorporated or Qualified**

To Do Business in Florida 08/15/2002

**5. FEI Number**

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

Archena Sharma

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

1521 Alton Road

Suite, Apt. #, Etc.

386

City

Miami

State

FL

Zip Code

33139-3301

**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

Date June 7th 2004

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip   |
|--------|--------------------------------------|---|----------------------|
| P      | Archena Sharma                       | 1521 Alton Road                                   | Miami, FL 33139-3301 |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |

**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)(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

June 7th 2004

Date

1-305-735-3453

Daytime Phone #

CR2E081 (01/04)