

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 OCT 19 PM 3:25

DOCUMENT # P03000089207

1. Corporation Name

WORLD SECURITY INITIATIVES, INC.

2. Principal Office Address

3930 Gemini Point South

Suite, Apt. #, etc.

City & State

Homosassa, FL

Zip

34448

Country

USA

3. Mailing Office Address

3930 Gemini Point South

Suite, Apt. #, etc.

City & State

Homosassa, FL

Zip

34448

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/12/2003

5. FEI Number

900105732

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

James D. Green, Esq.

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

9030 West Fort Island Trail, Suite 5

Suite, Apt. #, Etc.

City

Crystal River

State
FL

Zip Code

34429

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 October 10, 2006

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 |
|-------------|--------------------------------------|---|---------------------|
| P/vp S/T | Henry E. Wilkins | 3930 Gemini Point South | Homosassa, FL 34448 |
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/06

Date

(352)628-5808

Daytime Phone #

B. Mitchell OCT 19 2006