


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000111563		
1. Entity Name DRT SECURITY SERVICES, INC.		

FILED

05 SEP 26 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09222005 REIN-P CR2E098 (6/04)

Principal Place of Business 1200 HIBISCUS AVENUE SUITE 1702 POMPANO BEACH, FL 33062	Mailing Address 1200 HIBISCUS AVENUE SUITE 1702 POMPANO BEACH, FL 33062
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2. Principal Place of Business 1370 WASHINGTON AVE Suite, Apt. #, etc. 214	3. Mailing Address 1777 GLADES RD Suite, Apt. #, etc. 209
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City & State Miami Beach, FL	City & State BOCA RATON FL
Zip 33139	Zip 33434
Country DADE	Country PALM BEACH

4. FEI Number 20-0271201	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MAHONEY, ROBERT F 7777 GLADES ROAD, SUITE 209 BOCA RATON, FL 33434	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WASHINGTON, JOSEPH T 1200 HIBISCUS AVENUE SUITE 1702 POMPANO BEACH, FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200080087652 09/29/05--01062--019 **\$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARAJG, RUDOLPH 1601 SW 102 AVE. MIAMI, FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  JOSEPH WASHINGTON 9/24/05
SIGNATURE, PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #