PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000109302

500376674465
11/15/21--01044--001 **1000.00

500376674465
11/15/21--01044--002 **1000.00

500376674465
11/15/21--01044--003 **250.00

CR2E031 (11/10)

1. Corporation Name
Florida Internal Security Service INC.

2. Principal Office Address - No P.O. Box #
60 NE 52ND Street
Suite, Apt. #, etc.
City & State: Miami FL
Zip: 33137 Country: USA

3. Mailing Office Address
60 NE 52ND Street
Suite, Apt. #, etc.
City & State: Miami FL
Zip: 33137 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 08/21/2006

5. FEI Number: 02-0727664 — Applied For [ ] Not Applicable [X]

6. CERTIFICATE OF STATUS DESIRED — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Gedeon Joseph
Street Address (P.O. Box Number is Not Acceptable): 60 NE 52ND Street
Suite, Apt. #, Etc.
City: Miami State: FL Zip Code: 33137

FILED
2021 NOV 15 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Gedeon Joseph
REGISTERED AGENT MUST SIGN
Date: 11/09/2021

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
VP	Christopher Hogu	60 NE 52ND Street Miami FL, 33137	Miami, FL, 33137
PRST	Joseph Gedeon	60 NE 52nd St.	Miami, FL 33137
		11-21	
		dcc	DEC 10 2021
			D CUSHING

10. E-mail Address: CorporateCashExchange@gmail.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: Gedeon Joseph
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 11/09/2021
Daytime Phone #: 786-202-1706