

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 DEC 15 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000091280

1. Corporation Name

NITRO SECURITY AND INVESTIGATION INC

2. Principal Office Address - No P.O. Box #

2640 HOLLYWOOD BLVD

Suite, Apt. #, etc.

#101

City & State

HOLLYWOOD, FL

Zip

33020

Country

BROWARD

3. Mailing Office Address

2640 HOLLYWOOD BLVD

Suite, Apt. #, etc.

#101

City & State

HOLLYWOOD, FL

Zip

33020

Country

BROWARD

12/15/09--01032--004 **300.00

REINSTATEMENT 08-09

4. Date Incorporated or Qualified
To Do Business in Florida

08/14/07

5. FEI Number

26-0722391

☐ 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

AMELY, LUIS A

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

2640 HOLLYWOOD BLVD

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33020

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

12.10.09

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
PVTS	Luis A Amely	2640 Hollywood Blvd	Hollywood, FL 3020

10. E-mail Address:

(To be used for future annual report notification)

11. I certify that I am an officer or director of 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. 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.

SIGNATURE:

Luis A Amerly

12.10.09

954-540-3146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/16/09