

# **2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000086446

**FILED**  
**Dec 08, 2009**  
**Secretary of State**

**Entity Name:** HOESING SECURITY CONSULTING, INC

**Current Principal Place of Business:**

709 CAPE CORAL PKWY. WEST  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

709 CAPE CORAL PKWY. WEST  
CAPE CORAL, FL 33914

**New Mailing Address:**

**FEI Number:** 26-3236842      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SWAN, LAWRENCE  
14250 ROYAL HARBOUR CT., UNIT 517  
FT. MYERS, FL 33908 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** GREGG HOESING

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

**Title:** PVST ( ) Delete  
**Name:** HOESING, GREGG  
**Address:** 709 CAPE CORAL PKWY. WEST  
**City-St-Zip:** CAPE CORAL, FL 33914

**Title:** D ( ) Delete  
**Name:** HOESING, GREGG  
**Address:** 709 CAPE CORAL PKWY. WEST  
**City-St-Zip:** CAPE CORAL, FL 33914

**Title:** D (X) Delete  
**Name:** HOESING, KELLY  
**Address:** 104 TYRON COURT  
**City-St-Zip:** JACKSONVILLE, NC 28546

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** GREGG HOESING

Electronic Signature of Signing Officer or Director

PVST

12/08/2009

Date