

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P16747

1. Corporation Name

ARC SECURITY, INC.

Principal Place of Business

**417 N. Central Avenue
Atlanta, GA 30354**

Mailing Address

99 MAR -9 PM 3:19

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

3025 N.E. 188th Street

Suite, Apt. #, etc.

City & State

Aventura, FL

Zip
33180

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida
11/10/87

5. FEI Number

58-1090323

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Alfred Chouinard	3025 N.E. 188th Street	Aventura, FL 33180
S/T	Anna Volpe	3025 N.E. 188th Street	Aventura, FL 33180

8. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. Pine Island Road
Plantation, FL 33324**

9. Name and Address of New Registered Agent

Name
Alfred Chouinard
Street Address (P.O. Box Number is Not Acceptable)
3025 N.E. 188th Street
Suite, Apt. #, Etc.

City
Aventura

State
FL Zip Code
33180

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Alfred Chouinard
REGISTERED AGENT MUST SIGN

Date **2-20-99**

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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.

Alfred Chouinard

SIGNATURE: *Alfred Chouinard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2-20-99**

305-933-8853
Daytime Phone #

CR2E08 (12/98)