

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN -5 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P22652

1. Corporation Name

PROPERTY SECURITY LIMITED COMPANY

Principal Place of Business

Mailing Address

C/O MEPC PLC
103 WIGMORE STREET
LONDON EN W1H 9B
US

C/O DEAN VEGOSEN
500 S. AUSTRALIAN AVE.
W. PALM BEACH FL 33401
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01/20/1989

City & State

City & State

5. FEI Number

NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

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 3	City / State / Zip 4
SD	MONIZ, CHRISTOPHER M	103 WIGMORE STREET	LONDON, ENGLAND W1M
D VP	COURTAULD, TOBY AUGUSTINE Thomas D. Howat, Jr	103 WIGMORE STREET 1524 N. John Young Pkwy	LONDON EN W1H 9 Kissimmee, FL 34741
D	THOMPSON, NATHAN J	103 WIGMORE STREET	LONDON, ENGLAND EN W1M
D	WARE, ROBERT T	103 WIGMORE STREET	LONDON EN W1H9A
D	EXLEY, RICHARD J.	103 WIGMORE STREET	LONDON EN W1H9A
D	EAST, STEPHEN J.	103 WIGMORE STREET	LONDON EN W1H9A

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VEGOSEN, DEAN
500 SOUTH AUSTRALIAN AVENUE
10TH FLOOR
WEST PALM BEACH FL 33401

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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

REGISTERED AGENT MUST SIGN

200003532702--7

Date 01/11/01 01049-005

****908.75 ****908.75

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., 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Thomas D. Howat, Jr.

1-3-01

846-6900

CR2E040 (8/00)