

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/22

CORPORATION REINSTATEMENT 01-02UBR				FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 193000001728					
1. Corporation Name Maximum Security Systems, Inc.					
2. Principal Office Address 4161 P.O. Box			3. Mailing Office Address P.O. Box 4161		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Ormond Bch. FL			City & State Ormond Bch, FL		
Zip 32175	Country USA	Zip 32175	Country USA		

FILED
02 OCT -4 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01-02UBR

4. Date Incorporated or Qualified To Do Business in Florida 01-04-1993	
5. FEI Number 59-3156106	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 Michael A Bush	500008602595
Street Address (P.O. Box Number is Not Acceptable) 445 Pine Bluff Trail	10/25/02 01121 025 ***301.00
Suite, Apt. #, Etc.	
City Ormond Bch	State FL Zip Code 32174

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 Michael A Bush Date 9-23-02

REGISTERED AGENT MUST SIGN

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
Pres.	Michael A. Bush	445 Pine Bluff Trail	Ormond Bch, FL, 32174

10. 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: Michael A. Bush 9-23-02 547-1593

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)

TO: FLORIDA DEPT. OF STATE

RE: CORP. REINSTATEMENT

FROM: MIKE BUSH OWNER/CEO
MAXIMUM SECURITY SYSTEMS, INC.
FEID# 59-3156106

IN THE PROCESS OF SECURING A BUSINESS LOAN, THE BANK INFORMED ME MY CORPORATION STATUS WAS IN-ACTIVE. I HAVE BEEN FILING MY ANNUAL REPORTS AND PAYING THE ANNUAL FEES FOR MANY YEARS UNINTERRUPTED.

A PHONE CONVERSATION WITH CORP. REINSTATEMENT DEPT. (MICHELLE M. AT 9:05 ON 9-23-02) REVEALED YOU (STATE OF FL) HAD NOT UPDATED MY PRINCIPAL OR MAILING ADDRESSES. I SENT UP-DATED ADDRESSES TO THE DIVISION OF CORPORATIONS BOTH TIMES I CHANGED ADDRESSES! I NEVER RECEIVED ANY CORRESPONDENCE , REJECTION LETTERS OR NOTIFICATION OF DISSOLUTION!

I NEED YOU TO REINSTATE MY CORPORATION IMMEDIATELY AND WAIVE ANY PENALTY FEES.

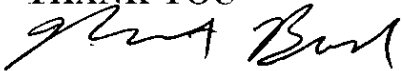
PER MICHELLE I ENCLOSED A CHECK FOR \$ 300.00.

AGAIN HERE IS MY CURRENT PRINCIPAL AND MAILING ADDRESSES:

MAXIMUM SECURITY SYSTEMS, INC
P.O. BOX 4161
ORMOND BEACH, FL 32175

PLEASE CONTACT ME UPON APPROVAL OF REINSTATEMENT
(386) 547-1593

THANK YOU



MICHAEL A. BUSH
PRESIDENT/CEO

2002