PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

1 of 2

~~CORPORATION~~
~~REINSTATEMENT~~
01-02UBR

FLORIDA DEPARTMENT OF STATE
**Jim Smith**
Secretary of State
DIVISION OF CORPORATIONS

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

DOCUMENT # P93000001728

**1.** Corporation Name
Maximum Security Systems, Inc.

01/02UBR

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| 4161 P.O. Box | 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 |

**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
10/25/02--01121--025 **30.00

Street Address (P.O. Box Number is Not Acceptable): 445 Pine Bluff Trail

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: _____ Date: 9-23-02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

**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.

386

**SIGNATURE:** Michael A. Bush 9-23-02 547-1593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2 of 2

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