

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

03 FEB 21 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION**

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

02-03

DOCUMENT # **P93000010423**

1. Corporation Name  
**CRIME PREVENTION SYSTEMS INC.**

2. Principal Office Address  
**8890 SW 24th #209**

3. Mailing Office Address  
**SAME**

Suite, Apt. #, etc.  
**209**

City & State  
**MIAMI FL**

Zip  
**33165**

Country  
**USA**

4. Date Incorporated or Qualified To Do Business in Florida  
**1993**

5. FEI Number  
**05-0386418**

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  
**CARLOS Rodriguez**

Street Address (P.O. Box Number is Not Acceptable)  
**1160 NW 159 AVE**

Suite, Apt. #, Etc.

City  
**MIAMI**

State  
**FL**

Zip Code  
**33169**

500011798655  
02/05/03--01011--016 \*\*\*30.00

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 \_\_\_\_\_

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
	<b>SAME AS LAST</b>		
President	<b>Enrique Loric</b>	<b>8890 SW 24th #209</b>	<b>MIAMI, FL 33165</b>
VPO	<b>JOEL ESQUENAZI</b>	<b>1160 NW 159 AVE</b>	<b>MIAMI, FL 33169</b>
VSTD	<b>Carlos A. Rodriguez</b>	<b>1160 NW 159 AVE</b>	<b>MIAMI, FL 33169</b>

02-03 GBR

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: **Enrique Loric**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date  
**1/31/03**

Daytime Phone #  
**305-227-4000**

President

CR2E081 (10/02)

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**8890 SW 24 ST. Suite #209, Miami Florida 33165 PH: 305-227-4000**

**Date:** *January 31, 2003*

**To:** *Whom it may concern*

**From:** *Henry Lorie Sr. President*

A handwritten signature in black ink, appearing to be "H. Lorie", enclosed within a circular scribble.

**Re:** *Reinstatement of Corporation.*

*2002 notice*

**Please accept this letter to confirm that I mailed the corporation papers and I never heard anything to the contrary. Please waive the the late fees We have been a corporation since 1993.**