

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

94-97
mwb

DOCUMENT # PA3000013501

1. Corporation Name
ON GUARD SECURITY + INVESTIGATIONS
W910-3139

Principal Place of Business Mailing Address
2603 N. OCEAN DRIVE, SUITE M
RIVIERA BEACH, FL 33407

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

2. New Principal Office Address, If Applicable
SAME AS ABOVE

3. New Mailing Address, If Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
1992

5. FEI Number
65-0365734

Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

FILED
07 MAR 31 AM
SECRETARY OF STATE
TALLAHASSEE, FL

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
President	Edward J. Wummer	2603 N. OCEAN DRIVE SUITE M	Riviera Beach, FL 33407
			600002130776--8 -04/02/97--01003--008 *****8.75 *****8.75
			600002130776--8 -04/02/97--01003--009 ****585.00 ****585.00
			600002130776--8 -04/02/97--01003--010 ****560.00 ****560.00

8. Name and Address of Current Registered Agent

Edward J. Wummer
2603 N. OCEAN BLVD.
SUITE M
RIVIERA BEACH, FL 33407

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City State Zip Code
FL

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 Edward J. Wummer
REGISTERED AGENT MUST SIGN

Date Jan. 10, 1997

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Edward J. Wummer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Jan. 10, 1997 - 501
Daytime Phone # 626-3597

CR2E040 (12/95)