

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 OCT 14 AM 9:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

P93 0000 24477

1. Corporation Name

DREW SECURITY, INC.

2. Principal Office Address

600 NW 44TH STREET

3. Mailing Office Address

600 NW 44TH STREET

Suite, Apt. #, etc.

SUITE 26

Suite, Apt. #, etc.

SUITE 26

City & State

FORT LAUDERDALE

City & State

FORT LAUDERDALE

Zip

33309

Country

BROWARD

Zip

33309

Country

BROWARD

4. Date Incorporated or Qualified  
To Do Business in Florida

3/29/93

5. FEI Number

65-0407205

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

DENNIS REILLY

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

120 SW 14TH STREET

Suite, Apt. #, Etc.

City

BOCA RATON

State  
FL

Zip Code

33486

000008331110--0

10/11/02--0103--018

\*\*\*750.00 \*\*\*750.00

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

REGISTERED AGENT MUST SIGN

Date

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
PD	DENNIS REILLY	120 SW 14TH STREET	BOCA RATON FL 33486
VP	GREGORY D. WIER	4850 WRIGHT ROAD	YORK TWP MI 48160

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:

GREGORY D. WIER

10-9-02

(248) 905-5555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

75 10/14/02

# ***DREW SECURITY, INC.***

16250 Northland Drive, Suite 370 Southfield, MI 48075 (Michigan Office)  
(248) 905-5555 (voice) (248) 905-5225 (facsimile)

October 9, 2002

**VIA OVERNIGHT MAIL**

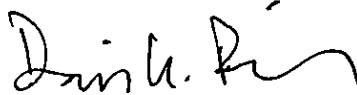
Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

**RE: Drew Security, Inc.; Application for Reinstatement**

Dear Sir/Madam:

Enclosed please find an Application for Reinstatement and a check in the amount of \$750.00 in payment of the required application fee. Please process these materials in the usual manner and do not hesitate to contact me with further questions or comments. Thank you.

DREW SECURITY, INC.



DAVID A. PERNICK  
General Counsel

Enclosure

cc: Greg Wier (w/ Att.)