

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR **REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAR -8 PM 2:43

DOCUMENT # **P 93000024823 (5)**

1. Corporation Name

LAS TOP SECURITY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**1001 N.W. 54 STREET,
SUITE N
MIAMI, FL 33127**

**1001 N.W. 54 STREET,
SUITE N
MIAMI, FL 33127**

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

2. New Principal Office Address, If Applicable

1001 NW 54 ST

3. New Mailing Office Address, If Applicable

1001 NW 54 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI FL

33127 FLORIDA

33127 FLORIDA

REINSTATEMENT 99-00

4. Date Incorporated or Qualified To Do Business in Florida

04-05-1993

5. FEI Number

63-0399030

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/M	LASIS OLADUNNI	1001 N.W. 54 STREET, SUITE N, MIAMI, FL 33127	MIAMI FL 33127
			100003172091--4 03/16/00--01025--029 ****750.00 ****750.00
			100003172091--4 03/16/00--01025--029 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**LAS TOP SECURITY, INC.,
1001 NW 54 ST
#N
MIAMI FL 33127**

**LASIS OLADUNNI
1001 NW 54 ST
#N
MIAMI
FL 33127**

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

01-29-00

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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:

[Signature]

LASIS OLADUNNI

12-16-99

(850) 751-6141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (12/98)