

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P93000033021**

1. Corporation Name

**MEGAVISION & SECURITY, INC.**

Principal Place of Business

7287 NW 21TH ST  
MIAMI FL 33126  
US

Mailing Address

7287 NW 12TH ST  
MIAMI FL 33126  
US

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

2. New Principal Office Address, If Applicable

7287 NW 12 ST

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

Zip

33126

Country

US

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/06/1993

5. FEI Number

65-0417060

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	4 City / State / Zip
D	RODRIGUEZ, MANUEL	8262 NW 14TH ST 7287 NW 12 ST MIAMI, FL. 33126	MIAMI, FL 33126

200003043442--5

-11712799--01120--026

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

10/25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RODRIGUEZ, MANUEL  
8262 NW 14TH ST  
MIAMI FL 33126

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 OCT 19 AM 10:37



REINSTATEMENT 99

CR25040 (3/99)