

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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 <del>7287 NW 12 ST</del>	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State MIAMI, FL	City & State
Zip 33126	Country US

4. Date Incorporated or Qualified To Do Business in Florida	05/08/1993
5. FEI Number	Applied For 65-0417060
Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1 2	RODRIGUEZ, MANUEL	3 8262 NW 14TH ST 7287 NW 12 ST MIAMI FL 33126 MIAMI, FL 33126	4
			200003043442--5
			-11712/99-01120--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	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



Date \_\_\_\_\_

CR2040 (3/99)

REGISTERED AGENT MUST SIGN

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)(l), 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 # \_\_\_\_\_