

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		97 DEC 10 PM 2:37 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P93000035667 1. Corporation Name Boyd Security, Inc.				100002373821-3 -12/16/97-01096-019 ***1245.00 ***1245.00	
Principal Place of Business 2123 Northwest 57th Ave. Lauderdale, FL 33313		Mailing Address P.O. Box 7001 Dothan, AL 36302			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable 8249 N.W. 36th St. Suite, Apt. #, etc. Suite 101 City & State Miami, FL Zip 33166		3. New Mailing Address, If Applicable Same as above Suite, Apt. #, etc. City & State Zip USA		DO NOT WRITE IN THIS SPACE 4. Date Incorporated or Qualified To Do Business in Florida 5-6-93 5. FEI Number 63-1123444 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input checked="" 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 (Do NOT Use Post Office Box Numbers)	City / State / Zip		
P	Carrie G. Coleman	724 Lennox Ave.	Dothan, AL 36303		
V	Marsha D. Clark	217 S. Park Ave.	Dothan, AL 36301		
NA	Alan B. Clark	217 S. Park Ave.	Dothan, AL 36301		
REINSTATEMENT 94-97 G. Alan					
8. Name and Address of Current Registered Agent CT CORPORATION SYSTEM			9. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Rd. Suite, Apt. #, Etc. City Plantation State FL Zip Code 33324		
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 <u>Dale W. Morris</u> Date <u>12/5/97</u> by: Dale W. Morris, President					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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: <u>Carrie G. Coleman</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			12-8-97 334-793-5720 Date Daytime Phone #		

CR2E040 (12/95)