

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 OCT 20 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000048990

1. Corporation Name

NATIONAL SECURITY & INVESTIGATIVE AGENCY INC.

Principal Place of Business

1260 SOUTH C.R. 427
LONGWOOD FL 32750

Mailing Address

1260 SOUTH C.R. 427
LONGWOOD FL 32750

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/06/1993

5. FEI Number

59-3317630

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
CPD	KIHM, JOHN B	5128 VENICE BLVD	LOS ANGELES CA

000003026840--3
-10/27/99--01087--001
*****150.00 *****150.00

TS

8. Name and Address of Current Registered Agent

KLINCKO, DONALD R
201 PARK PLACE
NO. 205
ALTAMONTE SPRINGS FL 32701

9. Name and Address of New Registered Agent

Name SAME
Street Address (P.O. Box Number is Not Acceptable)
703 MEREDITH ST
Suite, Apt. #, Etc.

City FERN PARK State FL Zip Code 32730

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 10/12/99

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 #

10/12/99 408340493

NATIONAL SECURITY & INVESTIGATIVE AGENCY, INC.

Civil & Criminal
License # A9200359

Private Security
License # B9200151

October 12, 1999

2

TO WHOM IT MAY CONCERN,

Please be advised that we at National Security & Investigative Agency, Inc. would NOT intentionally not file our Annual Corporation Report for 1999. This enclosed notice is the first record of any type that we were ever given or received. We are current with our Division of licensing requirements and most assuredly be in compliance with the Division of Corporations.

I ask that you reinstate our Corporation so that it may continue to operate uninterrupted.

I have included the Fee of \$150.00 and should there be any late Fee please call me at 800-929-1796 and it will be forwarded. Thank You, Don Klinck, MGR.