PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JAN 30 AM 10: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000052780

1. Corporation Name

SWAT Security, INC.

600011158506
01/29/03--01026--010--**1050.00
REINSTATEMENT 01-03

2. Principal Office Address	**3.** Mailing Office Address
13370 SW 131 ST.	16810 SW 36 CT.
Suite, Apt. #, etc. SUITE 112	Suite, Apt. #, etc. —
City & State Miami, FL.	City & State MiRAMAR, FL.
Zip 3?36 Country U.S.A.	Zip 33027 Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 7-28-1993

5. FEI Number 59 320 3101   ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Mr. Charles Jones

Street Address (P.O. Box Number is Not Acceptable) 9900 SW 168 ST.

Suite, Apt. #, Etc. SUITE # 9

City Miami   State FL   Zip Code 33157

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _Charles L. Jones_   Date _____

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PYST	MARK S. VASCONCELLOS	16810 SW 36 CT	MiRAMAN, FL. 33027
VS	KARYN A. VASCONCELLOS	16810 SW 36 CT	MiRAMAN, FL. 33027
D	MARK S. VASCONCELLOS	16810 SW 36 CT	MiRAMAN, FL. 33027

10. 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: _____ MARK S. VASCONCELLOS 1/16/03 (305) 278-2255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #