

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

03 MAY 29 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000060034**

1. Corporation Name

International Security Specialists, Inc.

2. Principal Office Address

2345 Lake Debra Drive

Suite, Apt. #, etc.

Suite 2432

City & State

Orlando, FL

Zip

32835

Country

USA

3. Mailing Office Address

PO BOX 1236

Suite, Apt. #, etc.

City & State

Windermere, FL

Zip

34786

Country

USA

2002-2003 UBR

4. Date Incorporated or Qualified
To Do Business in Florida

08-26-1993

5. FEI Number

59-3198015

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

Anthony Reading

000020425960

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

2345 Lake Debra Drive

05/03/03--01069--007 **300.00

Suite, Apt. #, Etc.

Suite 2432

City

Orlando

State
FL

Zip Code
32835

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

5/28/03

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
Pres.	Anthony Reading	2345 Lake Debra Dr. Suite 2432	Orlando, FL 32835

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/28/03

Daytime Phone #

407-234-4776

CR2E081 (10/02)

282

International Security Specialists, Inc.
P.O. Box 1236
Windermere, FL 34786
(407) 234-4776

May 23, 2003

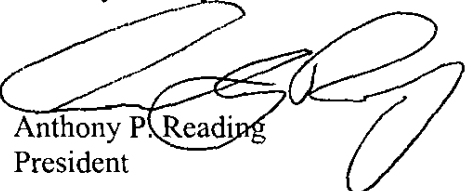
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

I am submitting a Corporation Reinstatement form. My friend and bookkeeper/administrative assistant of over 10 years had a stroke in early November 2002. The stroke obviously took her out of the office immediately and even today, it is doubtful she will return to work. While I am responsible for sales and installations, she handled all of the administrative procedures. I recently engaged List & Reamy, CPAs, Chartered to review all of our paperwork and filing requirements. As part of this process, H. James Reamy, III, CPA entered checks and deposits for the year. He then asked about my filing with the Division of Corporations. I did not know what he was talking about. We looked online to see if we were current. It was there that I learned that our status was inactive and our mailing address was incorrect.

Due to the incorrect address and the illness to my only employee, I am humbly requesting that all penalties be waived as I feel my situation qualifies as undue hardship and there is was no intentional missing of deadlines. If you have any questions, you can call me at the number above or you may speak to H. James Reamy, III, CPA at (772) 234-3950.

Thank you for your attention to this matter,



Anthony P. Reading
President

Enclosures

cc: H. James Reamy, III, CPA