

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

FILED

98 DEC 22 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P-94000023291

1. Corporation Name

NUHAR SECURITY, INC.

Principal Place of Business 12260 S. W. 8TH ST. # 222 MIAMI, FL. 33184	Mailing Address 12260 S. W. 8th St. # 222 MIAMI, FL. 33184
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 915-98


2. New Principal Office Address, If Applicable 719 N.W. 105 Pl. Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable 719 N. W. 105 Pl. Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 03/23/1994
City & State MIAMI, FL.	City & State MIAMI, FL.	5. FEI Number 65-0476531
Zip 33172	Country USA	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
PD	HARNOUSS, GUSTAVO A.	719 N. W. 105 Pl.	MIAMI, FL. 33172
VD	NUNEZ, LUIS C.	719 N. W. 105 Pl.	MIAMI, FL. 33172

8. Name and Address of Current Registered Agent HARNOUSS, GUSTAVO A. 719 N. W. 105 Pl. MIAMI, FL. 33184.	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code
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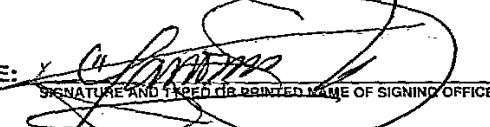
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent  Date 12/17/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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:  12/17/98 (305) 553-9680

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

CR2E040 (1/98)