

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

97 MAR 21 PM 2:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000055551

1. Corporation Name

TRI-STAR Security Inc.

Principal Place of Business

Mailing Address

Box 2

2304 A. Winter Woods Blvd.  
Winter Park, Florida 32792

600002123246--1

-03/25/97--01033--015

\*\*\*1087.75 \*\*\*1087.75

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

2304 A Winter Woods Box 2

2304 A Winter Woods Box 2

Suite, Apt. #, etc.  
Winter Park, Florida

Suite, Apt. #, etc.  
Winter Park, Florida

City & State  
32792 Seminole

City & State  
32792 Seminole

Zip Country

Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida

July 25, 1994

5. FEI Number

59-3321458

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres. V. Pres. Sec. (All)	Dianne K. Brown	2228 King Charles Court	Winter Park, Florida 32792

REINSTATEMENT 95-97

A. Alan  
3/21/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Dianne Brown  
2304 A Box 2  
Winter Woods Blvd.  
Winter Park, Florida 32792

Name: Dianne Brown  
Street Address (P.O. Box Number is Not Acceptable):  
2304 A. Box Winter Woods Blvd.  
Suite, Apt. #, Etc.:  
City: Winter Park  
State: FL Zip Code: 32792

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: Dianne Brown  
REGISTERED AGENT MUST SIGN

Date: 3/19/97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Dianne Brown Dianne Brown  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/97

Date

407-678-3911

Daytime Phone #

CR2E040 (12/96)