

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 APR 11 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **995000040075**

1. Corporation Name

Force Security Systems, Inc.

2. Principal Office Address

220 E. Madison Street

Suite, Apt. #, etc.

1000

City & State

Tampa, FL

Zip

33602

Country

USA

3. Mailing Office Address

220 E. Madison Street

Suite, Apt. #, etc.

1000

City & State

Tampa, FL

Zip

33602

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/19/1995

SP

5. FEI Number

59-3336813

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

Monty Velasco

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

8802 Baypointe Drive #B201

Suite, Apt. #, Etc.

City

Tampa,

State

FL

Zip Code

33615

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***1058.75 ***1058.75

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

REGISTERED AGENT MUST SIGN

Date 04/06/01

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
D	Velasco, Monty	220 E. Madison St, 1000	Tampa, FL 33602
P	Velasco, Robert	220 E. Madison St, 1000	Tampa, FL 33602

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

4/6/01

Daytime Phone #

813-228-0086

CR2E081 (9/00)