

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAY -4 PM 12: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96 000005518

1. Corporation Name

COA-DAL SECURITY AGENCY, INC.

2. Principal Office Address

9900 SW 168 STREET

Suite, Apt. #, etc.

#-11

City & State

MIAMI, FLORIDA

Zip

33157

Country

USA

3. Mailing Office Address

9900 SW 168 STREET

Suite, Apt. #, etc.

11

City & State

MIAMI, FLORIDA

Zip

33157

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/18/1996

5. FEI Number: 65-0635449

65-0635449

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

PATRICK D. COATS

400004272024-9

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

9900 SW 168 STREET

05/21/01 01882-017

****300.00 ****300.00

Suite, Apt. #, Etc.

11

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

Patrick D. Coats

REGISTERED AGENT MUST SIGN

Date

5/3/01

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
P	JOSEPH C. COATS, JR	11971 SW 178 TERRACE	MIAMI, FL 33177
VP	PATRICK D. COATS	12555 SW 219 STREET	MIAMI, FL 33170
			06-04UBR

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)(l), 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:

Patrick D. Coats

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/01

Date

305-259-9400

Daytime Phone #

CR2E001 (9/00)