PLEASE READ	ALL INSTI	RUCTIONS	BEFORE C	OMPLETI	NG THIS FO	DRM.	
APPLICATION APPLICATION	<i>4</i> /4		NT OF STATE				
FOR Sandra B. Mortham Secretary of State				FILED			
REINSTATEMENT DIVISION OF CORPORATIONS				• • •			
DOCUMENT # <b>P9700009374</b> 1. Corporation Name				98 NOV 19 AM 7: 54			
BULLSEYE EXECUTIVE SECURITY TEAMS, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
		110, 1110.			IALLANA	199EE* L FOMDY	
Principal Place of Business Mailing Address		SS			l (Ciri (Shi) Bhril Gáris Bhli	t sørt skild talda reka hådet bank ksar	
P.O. BOX 830788 P.O. BOX 830788 MIAMI FL 33283 MIAMI FL 33283							
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				Date Incorpo	prated or Qualified		
9520 5.W. 4057- Suite, Apt. #, etc. Suite, Apt. #, e				To Do Business in Florida 01/30/1997			
Guilt #203 City & State City & State				5. FEI Number Applied For Applied For Not Applied For			
Zip 2 2 1 C Country	Zīp Countr		<del></del>	The state of the s		\$8.75 Additional Fee required	
7. Names and Street Addresses of Each Officer and/	or Director (Florid	da nonprofit corpora	tions must list at lea			To a certificate di Anna	
Title(s) Name of Officers and/or Directors		Off	et Address of Each icer and/or Director Post Office Box Nu	1	,	City / State / Zip	
DP LAZO, VIDAL		14226 SW 62 ST		, , , , , , , , , , , , , , , , , , ,	MIAMI FL 3 <del>3183</del>	33/65	
1			V. 4057				
DV LAZO, VIDAL V		1 <del>4236 SW 62 ST</del> <u>432ヵ                                    </u>	W. 40	57. MIAMI FL 39183 3-3/6-5			
				}			
					·		
			<u> </u>				
				****150.00 ****150.00			
8. Name and Address of Current F	tegistered Agent	t		9. Name and A	ddress of New Regis		
ŁAZO, VIDAL			Name  LAZD VIDA L  Street Address (P.O. Box Number is Not Acceptable)				
14236 SW 62 ST.		Street Address (P. 43 2 0 5 Suite, Apt. #, Etc.	.O. Box Number is	57.	C42E940 (9/88)		
MIAMI FL 33183		ļ			<u></u>		
10. I, being appointed the registered agent of the above		tion on familia via	City MIR /		* 607 0F0F F 6	State Zip Code FL 3316_5	
Signature of Registered Agent	rured corpora Turk		IIRED	ligations of Section		7-98	
Registered Agent RE	GISTERED AGE	<u> </u>			Date	, , , ,	
<ol> <li>This corporation owes or ha Intangible Personal Propert</li> </ol>			Yes 🗌	No 🛛		ther side for information on intangible tax.)	
12. I certify that I am an officer or director or the receiv this reinstatement application, the reason for dissol owed by the corporation have been paid and the n on this application is true and accurate, and my sig	ution has been el ames of individua	iminated, the corpor ils listed on this form	ate name satisfies to do not qualify for a	he requirements o in exemption unde	of section 607,0401 or	617.0401, F.S., that all fees	
SIGNATURE: SIGNATURE AND TYPED OR PRIM	PUBA	NING OFFICER OR D	7.ZD	11-1	7-98.32	35=596-12136 Daytime Phone #	

Bushedo Executi	ol Serindy Teams	77.
P.O. BOX 830788	re Servily Teams	ي دي
MIAMI FL 33283	E.E. i # 65-072 6766	
<del></del> :	the state of the s	. =
10 mlfom it.	mass Concern.	
- La pologine	for the delay in payment but of	
dial not received	the first bill.	
Planse find	enclosed the check as agreed	
in a comparate section of	Thank You.	-
	USDAL GAZD	