

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1002

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR 22 PM 5:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000017609

1. Corporation Name

E/Forece Security Solutions, Inc.

2. Principal Office Address

120 East Marks Street

3. Mailing Office Address

120 East Marks Street

Suite, Apt. #, etc.

Suite 225

Suite, Apt. #, etc.

Suite 225

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32803

Country

USA

Zip

32803

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/19/1997

5. FEI Number

59-3437320

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **SY**

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Henry Sal

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

120 East Marks Street

Suite, Apt. #, Etc.

Suite 225

City

Orlando

State

FL

Zip Code

32803

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 4/16/02

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
VP	Arthur Filip	488 Pickford Point	Longwood, FL 32779
VP	Henry Sal	120 E. Marks Street #225	Orlando, FL 32803
			500005418995--1 -05/01/02--01086--008 *****300.00 *****300.00

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

4/16/02

Date

(407)992-8006

Daytime Phone #

CR2E081 (9/01)



April 15, 2002

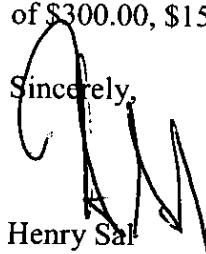
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: P97000017609

To Whom It May Concern:

We are requesting corporate reinstatement for E/Force Security Solutions, Inc.. We did not receive the Corporation Annual Report(s) and thus did not file for years 2001 and 2002. We ask that the associated penalties and late filing fees be waived as we did not receive the renewal forms. Enclosed please find payment of \$300.00, \$150.00 filing fee for each year 2001 and 2002.

Sincerely,



Henry Sal
Vice President