

# APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P97000022640

1. Corporation Name

CHECKPOINT SECURITY SYSTEMS GROUP INC.

99 FEB - 5 PM 2:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

6640 SHADY OAK RD.  
SUITE 300  
EDEN PRAIRIE MN 55344

6640 SHADY OAK RD.  
SUITE 300  
EDEN PRAIRIE MN 55344



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

2. New Principal Office Address, If Applicable

SAME

3. New Mailing Office Address, If Applicable

SAME

4. Date Incorporated or Qualified To Do Business in Florida

03/06/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PLEASE ENTER  
INTO COMPUTER

5. FEI Number

41-0907719

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
President	Michael Edward Smith	411 ROCK CREEK CIRCLE BERWYN PA 19312	BERWYN PA 19312
VP + Gen	Steve John Champagne	16200 TEMPLE WAY MILWAUKEE WI 53145	MILWAUKEE WI 53145
VP FINANCE	NICK JAY KHALIL	13531 CARAMEL TRAIL EDEN PRAIRIE MN 55343	EDEN PRAIRIE MN 55343
+ SECRETARY	13531 CARAMEL TRAIL	TRAIL EDEN PRAIRIE MN 55343	55343
			7000002770937-0 -02/10/99-01005-030 *****8.75 *****8.75
			8000002770938-7 -02/10/99-01005-031 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

POMERANTZ, JON  
1001 S.W. 122ND AVENUE  
PEMBROKE PINES FL 33025

9. Name and Address of New Registered Agent

Name  
Corporation Service Company  
Street Address (P.O. Box Number is Not Acceptable)  
1201 HAYS STREET  
Suite, Apt. #, Etc.  
TALLAHASSEE FL  
City  
TALLAHASSEE  
State  
FL  
Zip Code  
32301

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: Deborah W. Skipper as agent

Date: 2-5-97

REGISTERED AGENT MUST SIGN

This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

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 TYPE

PRINTED NAME

SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #