

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P97000091648

1. Corporation Name

HSI SECURITY INC.

Principal Place of Business

Mailing Address

12289 PEMBROKE ROAD SUITE 183  
PEMBROKE PINES FL 33025

12289 PEMBROKE ROAD SUITE 183  
PEMBROKE PINES FL 33025

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/24/1997

5. FEI Number

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	HARMON, JOSEPH L II	12289 PEMBROKE ROAD SUITE 183	PEMBROKE PINES FL 33025

100002769591--4  
-02/09/99--01063--001  
\*\*\*\*300.00 \*\*\*\*300.00

11/20/98  
2/15/99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HARMON, JOSEPH L II  
12289 PEMBROKE ROAD SUITE 183  
PEMBROKE PINES FL 33025

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. 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

REGISTERED AGENT MUST SIGN

Date 11-20-98

11. 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.)

12. 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

Daytime Phone #

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H.S.I. SECURITY, Inc.  
12289 Pembroke Road Suit 183  
Pembroke Pines, Florida 33023

December 01, 1998

To: Whom it may concerned:

Florida Department Of State Division of Corporations  
Post Office Box 6327  
Tallahassee, Fl 32314

This letter will serve as official notice of my request to have the H.S.I. Security, Inc.  
Corporation reinstated.

I recently spoke to a representative from your office, I advised him of the facts  
surrounded this late submission of this payment. I was advised to send the normally  
required 150.00 and a letter explaining the late submission of enclosed documents.

The reason for the late submission is I never received any information other than the  
revocation as it related to this corporation.

Enclosed you will find a check in the amount of \$150.00 for costs.

This is a new corporation which is bearily able to sustain itself your understanding in this  
matter would be greatly appreciated

Respectfully submitted



Joseph L. Harmon II  
President