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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000011213

1. Corporation Name

High Profile Security Specialist Inc.

Principal Place of Business

Mailing Address

1999-2001 UBR

3. Date Incorporated or Qualified 2/4/1998 3a. Date of Last Report

4. FBI Number not applicable Applied For ☒ Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

1. Principal Place of Business 21 7141 SW 129 Avenue Suite, Apt. #, etc. 22 Unit 3 City & State 23 Miami FL Zip 24 33183	2a. Mailing Address 26 7141 SW 129 Avenue Suite, Apt. #, etc. 27 Unit 3 City & State 28 Miami FL Zip 29 33183	County 25 Miami-Dade	County 30 Miami-Dade
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Amerilawyer
343 Almeria Avenue
Coral Gables, FL 33134

81 Name Corporate Creations Network Inc.	85 Zip Code 33139
82 Street Address (P.O. Box Number is Not Acceptable) 941 Fourth Street #200	
83	
84 City Miami Beach	FL

11. Pursuant to the provisions of Section 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Randy A. Fernandez* Randy A. Fernandez, Vice President

9/25/01

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD Richard J. Rodriguez 7141 SW 129 Avenue Unit 3 Miami FL 33183	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Mayleen Gonzalez 7141 SW 129 Avenue Unit 3 Miami FL 33183	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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-10/08/01--01080--026
****450.00 ****450.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, or on attachment with an address.

SIGNATURE

Richard J. Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

09-25-01 3057993334

222

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: High Profile Security Specialist Inc.

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. \$450 check payable to Florida Department of State

It is our understanding that the state will waive the late filing fee (and reinstate the company if applicable) because we never received the Uniform Business Report that should have been mailed to us. Thank you.

Sincerely,

Name: Richard J. Rodriguez

Title: President

Date: 9/25/2001