

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000031787

1. Entity Name
COMMERCE SECURITY INVESTMENTS, INC.



FILED

2007 OCT 23 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1428 BRICKELL AVENUE
EIGHTH FLOOR
MIAMI, FL

Mailing Address
1428 BRICKELL AVENUE
EIGHTH FLOOR
MIAMI, FL

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

4901 NW 17th Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 103

10192007

REIN-P

CR2E098 (1/07)

City & State

City & State

Ft. Lauderdale, FL

4. FEI Number

65-0830125

Applied For

Not Applicable

Zip

Country

Zip

33309

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVY, ALAN M
4901 NW 17TH WAY
STE 103
FORT LAUDERDALE, FL 33309

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10/19/07

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME JAKABOVITS, ERNO
STREET ADDRESS 1327 H 46 ST
CITY-ST-ZIP BROOKLYN, NY 11219

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KAHN, DAVID
STREET ADDRESS 1327 H 46 STREET
CITY-ST-ZIP BROOKLYN, NY 11219

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/19/07

10/24/07