

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -7 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000034191

1. Corporation Name

A1A SECURITY INTERNATIONAL INC.

Principal Place of Business

600 BRICKELL AVE  
#206K  
MIAMI FL 33131  
US

Mailing Address

600 BRICKELL AVE  
#206K  
MIAMI FL 33131  
US

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

2. New Principal Office Address, If Applicable

600 BRICKELL AVE

Suite, Apt. #, etc.

# 301 F/C

City & State  
MIAMI FL

Zip 33131

Country US

3. New Mailing Office Address, If Applicable

600 BRICKELL AVE

Suite, Apt. #, etc.

# 301 F/C

City & State  
MIAMI FL

Zip 33131

Country US

4. Date Incorporated or Qualified  
To Do Business in Florida

04/15/1998

5. FEI Number

65-0835575

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	4 City / State / Zip
D	CVERVO, EDUARDO	520 BRICKELL KEY DR. APT. A810	MIAMI FL 33131
D	CUERVO EDUARDO	600 BRICKELL AVE SUITE 301 F/C	MIAMI FL 33131

300008871893

11/07/02--01065--007 \*\*750.00

8. Name and Address of Current Registered Agent

CVERVO, EDUARDO  
520 BRICKELL KEY DR. APT A810  
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

CUERVO EDUARDO

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

600 BRICKELL AVE.

Suite, Apt. #, Etc.

301 C/E

City

MIAMI

State

FL

Zip Code

33131

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

REQUIRED

REGISTERED AGENT MUST SIGN

Date Oct-31-2002

11. 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]*  
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct-31-2002 (305) 371 7177

Date

Daytime Phone #