


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Jeffrey Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P98000037747			
1. Corporation Name Metro One Security, Inc.			
2. Principal Office Address 7000 Atascadero Lane Suite, Apt. #, etc.		3. Mailing Office Address P.O. BOX 37114 Suite, Apt. #, etc.	
City & State Tallahassee FL. Zip Country		City & State Tallahassee FL. 92315-7114 Zip Country	

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SECRETARY OF STATE
TALLAHASSEE FLORIDA


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4. Date Incorporated or Qualified To Do Business in Florida 04/27/1998	
5. FEI Number 59-3506447	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name MAURICE LAWS, JR.		
Street Address (P.O. Box Number is Not Acceptable) 7000 Atascadero Lane		
Suite, Apt. #, Etc.		
City Tallahassee	State FL	Zip Code 32311

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.	
Signature of Registered Agent _____ REGISTERED AGENT MUST SIGN	Date _____

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S	maurice Laws, Jr	Atascadero Lane	Tallahassee FL 32311
V/T	Raiford Rollins, Jr.	1906 SETTING SUN TRAIL	Tallahassee FL 32311

10. 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 stated 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 11/14/2000 Daytime Phone #

CR2E081 (9/99)



11/14/2000

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

To whom it may concern

The state corporation renewal information your office indicated that was sent to our company Metro One Security Inc. was never received. Please consider this letter as an appeal to have our company reinstated as a Florida Corporation. Enclosed you will find the regular renewal fee along with the necessary form we were advised by your office would be required to complete the reinstatement process. If there is anything our company can do to expedite this matter, please advise.

Your consideration and cooperation in this matter will be greatly appreciated.

Sincerely

Maurice Laws Jr.
President