

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 OCT 23 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10232007 REIN-P CR2E098 (1/07)

DOCUMENT # P98000044497 1. Entity Name BIG STAR SECURITY SERVICE, INC.					
Principal Place of Business 1325 EAST MAHAN DRIVE TALLAHASSEE, FL 32306			Mailing Address P.O. BOX 111 MONTICELLO, FL 32344-0111		
2. Principal Place of Business - No P.O. Box # BIG STAR SECURITY		3. Mailing Address 541 EAST TENN			
Suite, Apt. #, etc. 541 EAST TENN		Suite Apt. #, etc. 107			
City & State TALLAHASSEE FL		City & State 107		4. FEI Number 59-3514316	
Zip 32308		Country LEON		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GLENN, RICHARD F 305 E. GLENN ROAD MONTICELLO, FL 32344				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 NAME STREET ADDRESS CITY-ST-ZIP	P GLENN, RICHARD 305 E. GLENN ROAD MONTICELLO, FL 32344		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800111491788 10/30/07--01025--011 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GLENN, STEVIE 478 PINNEY WOODS ROAD MONTICELLO, FL 32344		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800111491788 10/30/07--01025--012 **8.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GLENN, MARSHA 305 E. GLENN ROAD MONTICELLO, FL 32344		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GLENN, RICKY 2950 ROBINSON FOREST ROAD POWDERS SPRINGS, GA 30127		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>[Handwritten Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 10/23/2007 Daytime Phone #		