

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1087

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 17 AM 10:23  
Mrs. Balbon  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
150.00

DOCUMENT # **P98000075187**

1. Corporation Name

**VIDEO SECURITY SYSTEMS, INC.**

Principal Place of Business

Mailing Address

6801 LAKE WORTH RD., STE. 124  
LAKE WORTH FL 33467

6801 LAKE WORTH RD., STE. 124  
LAKE WORTH FL 33467

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

230 S. Lakeside Dr

#3

Lake Worth, FL

33460

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/26/1998

5. FEI Number

65-0864899

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
P	DIPIERRO, ROGER	6801 LAKE WORTH ROAD, SUITE 124	LAKE WORTH FL 33467

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PIERRO, ROGER DI  
6801 LAKE WORTH RD., STE. 124  
LAKE WORTH FL 33467

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*Roger DiPierro*  
REGISTERED AGENT MUST SIGN

Date

12/12/03

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:

*Roger DiPierro*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

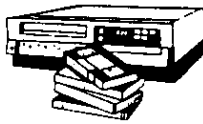
Date

12/12/03

Daytime Phone #

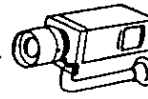
(561)687-8040

CR2040 (7/03)



# Video

Security Systems, Inc.



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Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

December 12, 2003

RE: Dissolution or Revocation  
Doc. # P98000075187

This letter is drafted after my phone conversation with your representative on December 12, 2003. I never received notice on the filing of this form, and was told that it had been sent back to the State. Please except my apology for the delay along with my check for \$150.00 fee.

If you have any further comments or questions on this matter please call or write to me. I hope that this resolves this issue, and thank you for your patients.

Have a wonderful Holiday!

Respectfully,

Roger Di Pierro  
President

230 S. Lakeside Drive  
Apt # 3  
Lake Worth, FL 33460

561-547-9899