PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
03 OCT -9 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000082526**

1. Corporation Name

J. & J. SECURITY SERVICES CORP.

Principal Place of Business	Mailing Address
2922 HOWLAND BLVD.. STE. 3 DELTONA FL 32725	2922 HOWLAND BLVD.. STE. 3 DELTONA FL 32725

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

REINSTATEMENT 03

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

4. Date Incorporated or Qualified To Do Business in Florida: **09/23/1998**

5. FEI Number: **59-2731874** — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] — $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	BRIDGET, VOLL	2972 JAY CT	DELTONA FL 32738
~~VP~~	~~JORUS, ROBERT F~~	~~2016 WOODLAND ST~~	~~NEW SMYMA BEACH FL~~
VP	Bridget Voll	2972 Jay CT DeHona FL 3273	Deltona FL 32738
		900023667499 10/09/03--01043--021 **750.00	
		900023667499 10/09/03--01043--022 **8.75	

8. Name and Address of Current Registered Agent

JARVIS, ROBERT F
2016 WOODLAND STREET
NEW SMYRNA BEACH FL 32168

9. Name and Address of New Registered Agent

Name: Bridget Voll
Street Address (P.O. Box Number is Not Acceptable): 2972 JAY CT
Suite, Apt. #, Etc.: Deltona FL
City: DeHona — State: FL — Zip Code: 32725

CR2E040 (7/03)

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 — Date: 10/06/03
REGISTERED AGENT MUST SIGN

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 — 10/06/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #