

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary  
DIVISION OF CORPORATIONS

FILED

99 NOV -1 AM 11:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000084306

1. Corporation Name

TRONEX INTERNATIONAL SECURITY OF SOUTH FLORIDA, INC.

Principal Place of Business

1721 N.W. 82ND AVENUE  
MIAMI FL 33126

Mailing Address

1721 N.W. 82ND AVENUE  
MIAMI FL 33126

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

2. New Principal Office Address, If Applicable

9540 N.W. 40th St. Pkwy

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Zip

33128

Country

US

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

09/30/1998

5. FEI Number

65-0875441

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	FLETCHER, GEORGE	1721 N.W. 82ND AVENUE	MIAMI FL 33126
D	ROBINSON, CRAIG	1721 N.W. 82ND AVENUE	MIAMI FL 33126

8. Name and Address of Current Registered Agent

EISINGER, DENNIS J ESQ.  
4000 HOLLYWOOD BOULEVARD  
SUITE 265-S  
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name

ROSS TRAGER, CPA

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

1000 N. HATYAS ROAD

Suite, Apt. #, Etc.

110

City

Pembroke Pines

State

FL

Zip Code

33066

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.

Signature of Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

10/25/99

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/99

Daytime Phone #