

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

04 JAN -2 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000031855**

1. Corporation Name

LOSS PREVENTION SOLUTIONS, INC.

Principal Place of Business

Mailing Address

5025 PLEASURE ISLAND DRIVE
ORLANDO FL 32809

5415 LAKE HOWELL ROAD
PMB 236
WINTER PARK FL 32792

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

2. New Principal Office Address, If Applicable

1331 N. Tropical Tr.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1331 N. Tropical Tr.
Suite, Apt. #, etc.

City & State

Merritt Island, FL

Zip 32953

Country USA

City & State

Merritt Island, FL

Zip 32953

Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/02/1999

5. FEI Number

59-3560676

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	HAYES, RICHARD READ	1640 SPRUCE AVENUE	WINTER PARK FL 32789
VPT	BLACKWOOD, ROBERT.	5025 PLEASURE ISLAND ROAD	ORLANDO FL 32809

700025940607
01/02/04--01056--004 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BLACKWOOD, ROBERT
5025 PLEASURE ISLAND DR.
ORLANDO FL 32809

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

Robert Blackwood
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12/31/03

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:

Robert Blackwood
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/03 (321) 453-7535
Date Daytime Phone #

CR2E040 (7/03)



December 31, 2003

Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Please find enclosed our Application for Reinstatement along with the Annual Report and Corporate Supplemental fees. Please waive the Reinstatement fee as I have not received the UBR notices that are referenced. Also, please note our change of address as noted on the form.

Best Regards,

Robert H. Blackwood, Vice President