

P99000063733

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**CORPORATION
REINSTATEMENT**

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 AUG 29 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000063733

1. Corporation Name
SWAT SECURITY + MAINTENANCE, INC.

2. Principal Office Address
13740 N.E. 11TH AVENUE

Suite, Apt. #, etc.

City & State
NORTH MIAMI, FL 33161

Zip
33161

Country
USA

3. Mailing Office Address
13740 N.E. 11TH AVENUE

Suite, Apt. #, etc.

City & State
NORTH MIAMI, FLORIDA

Zip
33161

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 07-19-1999

5. FEI Number
65-0934580

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
LESTER L. HUGGINS

Street Address (P.O. Box Number is Not Acceptable)
13740 N.E. 11TH AVENUE

Suite, Apt. #, Etc.

City
NORTH MIAMI

State
FL

Zip Code
33161

REINSTATEMENT 830.0

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent
L. Huggins

Date 08/23/01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 400004572964--3

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	State	Zip Code
P	AARON HENRY	13740 N.E. 11 TH AVENUE	FL	33161
V	ROBERTO A. OSBORNE	13740 N.E. 11 TH AVENUE	FL	33161
T/S	LESTER L. HUGGINS	13740 N.E. 11 TH AVENUE	FL	33161

10. 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: *L. Huggins*

08-23-01 (2) 305-684-2757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)