PLEASE READ'ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE

VIVISION OF CORPORATIONS Katherine Harris 02 MAR 25 PM 2: 54 Secretary of State DIVISION OF CORPORATIONS 84096 1. Corporation Name 2. Principal Office Address 3. Mailing Office Address Samo Suite, Apt. #, etc. Suite, Apt. #, etc. Date Incorporated or Qualified 20 To Do Business in Florida City & State City & State Applied For Zip Zip Country Country \$8.75 Additional Fee required for a Certificate of Status 7. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) --020 -04/10/02--0107 Suite, Apt. #, Etc. \*300.00 \*\*\*\*300.00 City State Zip Code 13 72 736 38 FL 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. Date Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Officers and/or Directors Titles City / State / Zip 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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



## APOINT SECURITY BUREAU, INC.

March 19, 2002

Latoya Williams Apoint Security Bureau, Inc. 17220 NW 27<sup>th</sup> Avenue Miami, FL 33056-4412

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

RE: \$600 Reinstatement Fee Waiver Request

To Whom It May Concern:

My name is Latoya Williams, General Manager of Apoint Security Bureau, Inc., and I am requesting a waiver of the above fee. During a recent business venture I learnt that Apoint Security was dissolved in 2001. I am the agent of Contact for the above company and I, nor any current employees, never received notification from the Dept of State of it's intent to dissolve the above company. I had not received a renewal application either by mail or any other means and would like to State to consider this fact and grant this one time waiver – we never received any such notifications.

After speaking to one of your reps on 3/8/02 I learnt that a total amount of \$900 is due which includes a reinstatement fee of \$600, last years filing fee of \$150 and this years filing fee of \$150. I am sincerely requesting a waiver of the \$600 charge due to never receiving any notifications and have enclosed a check in the amount of \$300 to satisfy any prior renewal fee(s).

Please accept our sincerest apologies for any inconveniences caused but we were completely unaware especially since the company is fairly new one. Also, I'd like to provide my contact information to you to mail any further renewal applications to prevent the possibility of this happening again. Please send all future correspondence to my attention as follows:

Atte: Latoya M. Williams General Manager Apoint Security Bureau, Inc. 17220 NW 27<sup>th</sup> Avenue Miami, FL 33056

I will ensure that nothing of this sort happens again. If there should be any further questions, please feel free to contact myself at 305-621-0445 or 305-778-0023.

Thank you for your time and considerations in the above matter.

Sincerely

Latoya Williams

General Office Manager

Enc.

URL: http://www.nebsnow.com/apoint