

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 AUG 10 PM 2:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 999000098785

1. Corporation Name

ALERO SECURITY INC

2. Principal Office Address

6501 ARLINGTON EXPY B215

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 15086

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville

Zip

32211

Country

USA

Zip

32239

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/8/99

5. FEI Number

59-3607722

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

Gary N Bowron

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

5518 118th St

Suite, Apt. #, Etc.

100003368451-4

-08/23/00--01028--019

****750.00 ****750.00

City

Jacksonville

State

FL

Zip Code

32244

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

Date 8/8/00

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Vendell Barrington	Grant Logan Lane	Jax FL
S	Gary Bowron	5518 118th St	Jax FL 32244

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/00
Date

904-721-3325
Daytime Phone #

CR2E081 (9/99)