

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

03 OCT 28 AM 9:23

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F01000006281**

1. Corporation Name
ECAMSECURE, INC.

Principal Place of Business	Mailing Address
436 WEST WALNUT AVENUE GARDENA CA 90248	436 WEST WALNUT AVENUE GARDENA CA 90248

REINSTATEMENT 03



10/28/03-01023--012 **150.00

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/10/2001	
City & State		City & State		5. FEI Number	
				95-4834826	
Zip		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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
PSD	COFFEY, CHRISTOPHER	436 WEST WALNUT AVENUE	GARDENA CA 90248
D	COFFEY, ROBERT	436 WEST WALNUT AVENUE	GARDENA CA 90248
CFO	BABCOCK, WILLIAM	436 WEST WALNUT AVENUE	GARDENA CA 90248

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PARACORP INCORPORATED 236 EAST 6TH AVENUE TALLAHASSEE FL 32303	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: *Dennis Zoller* Date: 10/22/03
 REGISTERED AGENT MUST SIGN for Paracorp

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: *Chis Coffey* President Date: 10-13-03 Daytime Phone #: 310 878-8132
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED40 (7/03)



Ecam Secure, Inc.,

436 W. Walnut Ave., Gardena, Ca 90248. (310) 818-1030, Fax (310) 818-1063

October 10, 2003

Florida Dept of State
Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir,

Please waive the reinstatement fee of \$600 as we never received either of the two prior notifications requiring the filing of a Uniform Business Report.

We have included the required \$150 fee along with the completed reinstatement form.

Thank you for your prompt attention to this matter. If you have any questions, please contact Rick Fisher at (310) 878-8106.

Sincerely
Chris Coffey

A handwritten signature in black ink, appearing to be 'C. Coffey'.

President