

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000028546

**FILED**  
**Mar 22, 2013**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA SECURING INC.

**Current Principal Place of Business:**

840 KENNEDY BLVD  
LABELLE, FL 33935

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BX 2291  
LABELLE, FL 33975

**New Mailing Address:**

PO BX 2935  
LABELLE, FL 33975

**FEI Number:** 27-5102034

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RIMES, SUSAN L  
840 KENNEDY BLVD  
LABELLE, FL 33935 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** SUSAN RIMES

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** VP  
**Name:** RIMES, BRUCE  
**Address:** 840 KENNEDY BLVD  
**City-St-Zip:** LABELLE, FL 33935

**Title:** P  
**Name:** SUSAN, RIMES L  
**Address:** PO BX 2935  
**City-St-Zip:** LABELLE, FL 33975

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** SUSAN RIMES

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PR

03/22/2013

\_\_\_\_\_  
Date