

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR 16 AM 8:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P99000015905

1. Corporation Name

Security Innovators Inc.

2. Principal Office Address

13189 NW 11 Place

Suite, Apt. #, etc.

City & State

Surprise Florida

Zip

33323

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

1999

5. FEI Number

65-1036635

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

Paul R. Thomas

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

13189 NW 11 Place

Suite, Apt. #, Etc.

City

Surprise

State

FL

Zip Code

33323

100030505141  
03/16/04--01026--002 \*\*300.00

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

*[Signature]*

Date 3-11-04

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
Pres.	Paul R Thomas	13189 NW 11 Place	Surprise, FL 33323

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]*

Paul R Thomas

3-11-04

305-801-6818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

Security Innovators Inc.  
13189 NW 11<sup>th</sup> Place  
Sunrise, FL. 33323

Florida Department of State  
Division of Corporations  
PO BOX 6327  
Tallahassee, Florida 32314  
February 24, 2004

RE: P99000015905

Gentlemen:

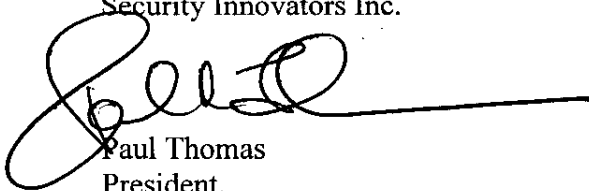
In the process of completing my 2004 annual report for the above mentioned corporation I noticed that I was missing my copy of the 2003 annual report upon contacting your office I was informed that it had not been filed. The only reason I can think of for this inadvertent error was the fact that we had a change of address. At the beginning of 2003 we changed addresses from 711-1 Coco Plum Circle, Plantation, FL. 33324 to the address listed in our heading. It seems the renewal notice went to the address as registered with your office and got misplaced or lost.

As per instructions I received from your office I am enclosing a check number in the amount of \$300.00 in payment of the 2003 and 2004 Annual report filing fees. Also, we hereby respectfully request a waiver of any and all penalties, as it was not our intention to evade our responsibility to fully comply with the State of Florida's rules and regulations.

We appreciate your consideration. If you have any questions, please do not hesitate to contact the undersigned at (305) 801-6818.

Very truly yours,

Security Innovators Inc.



Paul Thomas  
President.