


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

~~CORPORATION~~
~~REINSTATEMENT~~

 FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR -3 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Security Service Center, Inc.

596678

202-2003
407

500014096355
04/03/03--01025--005 **150.00

500014096355
03/14/03--01094--007 **150.00

02

2. Principal Office Address 5405 N. Florida Ave Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State Tampa		City & State	
Zip 33673	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 12/01/78	
5. FEI Number 59-1870747	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Robert Hanson
Street Address (P.O. Box Number is Not Acceptable) 5405 N. Florida Ave
Suite, Apt. #, Etc.
City Tampa State FL Zip Code 33673

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

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
PD	Robert Hanson	5405 N. Florida Ave	Tampa, FL 33673
VST	Patricia Hanson	5405 N. Florida Ave	Tampa, FL 33673

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

Date

Daytime Phone #

3/10/03

CR2E081 (10/02)

20fz

March 10, 2003

Security Service Center, Inc.
5405 N. Florida Ave.
Tampa, FL 33673

Document # 596678

To Whom It May Concern,

I did not receive the 2002 Uniform Business Report and I applying for reinstatement pursuant to your procedures. In addition, I have enclosed the fee of \$150.00 as indicated.

~~Thank you for your attention to this matter.~~

Sincerely,

Robert Hanson