

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 360338

1. Corporation Name

SECURITY SUPPLY INC

Principal Place of Business

9261 136TH WAY NORTH
SEMINOLE FL 33776

Mailing Address

P.O. BOX 4275
SEMINOLE FL 33775

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/27/1970

5. FEI Number

59-1285163

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
VS	LEVY, DONALD R.	PO BOX 4275 N/A	SEMINOLE FL 34645-33776
PTD	LEVY, BEATRICE P.	PO BOX 4275 N/A	SEMINOLE FL 34645-33776
			200002698092--8
			-11/30/98--01131--006
			****550.00 ****550.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEVY, BEATRICE
9261-136TH WAY,N.
SEMINOLE FL 33776

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.

Signature of
Registered Agent

Beatrice Levy
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date NOV 13, 1998

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Donald R. Levy
SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOV 13, 1998 (727) 393-8516
Date Daytime Phone #

CR25040 (9/98)

Security Supply, Inc.
P.O. Box 4275
Seminole, Florida 33776
(Phone) 727-393-8516
(Fax) 727-393-8472

November 18, 1998

Office of the Secretary of State
State of Florida
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

From: Security Supply, Inc.

Subject: Reinstatement

Dear Ladies and Gentlemen:

Be advised that Security Supply, Inc. did file a previous annual report 9/25/98 along with check number 3547 in the amount of \$550.00 of even date.

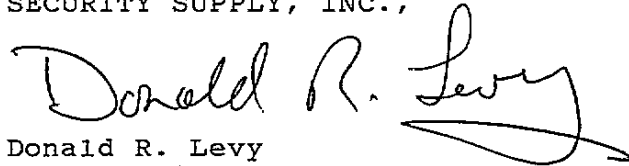
Copies of all original documents filed with your office are enclosed.

We also enclose a copy of our cash disbursements in sequence to demonstrate our integrity.

Our reinstatement form and a new check for \$550.00 are also enclosed.

Sincerely yours,

SECURITY SUPPLY, INC.,

A handwritten signature in dark ink, appearing to read "Donald R. Levy". The signature is fluid and cursive, with a long horizontal stroke at the end.

Donald R. Levy
Vice President & Secretary