PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT#

1. Corporation Name

FILED

CURETARY OF STATE

PUBLISHED

PUBLISH

00 OCT 12 PM 1:34

SAFEG	UARD :	SERVICES, INC										
Principal Place of Business Mailing Addre					ess							
PEMBROKE	Broke Road Pines FL 33		SOUTH FLOR	P.O. BOX 821468 SOUTH FLORIDA FL 33082-1468 US								
If above a	ddresses are	incorrect in any way, line th	rough incorrect in	formation a	ind enter c	orrection below D	FINIST	diemen) (<u>)</u>			
New Principal Office Address, If Applicable			ough incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable				4. Date Incorporated or Qualified To Do Business in Florida 08/23/1971					
Suite, Apt. #, etc.			Suite, Apt. #,	Suite, Apt. #, etc.				5. FEI Number Applied For				
City & State	•		City & State			59-1399022 Not Applicable						
Zip Country			Zip	Zip Cour			6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee require for a Certificate of Status					
7. Names a	and Street Ad	dresses of Each Officer an	d/or Director (Flo	rida nonpro	fit corporat	ions must list at lea	st 3 directors)				_	
Title(s) 1	Name of Officers and/or Directors			3		et Address of Each cer and/or Director		City / State / Zip				
PD	CONNOR, KEVIN			P O BOX 821468				SOUTH FLORIDA FL				
STD	CONNOR, KEVIN			P O BOX 821468			12 - 20	SOUTH FLORIDA FL				
VD	CONOR, KEVIN			P O BOX 821468			SOUTH FLORIDA FL					
		···-	-			-						
							7000034344278 -10/23/0001016004				<u>`</u>	
								****750.)() \$	***750.00		
8. Name and Address of Current Registered Age								9. Name and Address of New Registered Agent				
CONNOR, KEVIN T						Name Street Address (P.O. Box Number is Not Acceptable)						
13985 PEMBROKE RD						Suite, Apt. #, Etc				4	_	
PEMBROKE:PINES FL 33027					Suite, Apr. #, Etc.		•					
						City			State	Zip Code		
10. I, being		ne registered agent of the a	bove named corpo	oration, am	familiar wit	h and accept the o	bligations of Secti	ion 607.0505, F.S.	-		_	
Signature o Registered	f Agent	SISA	TURE	= U VL	3 67 00	HRED		Date	11-0	70 ·	_	
	/_		ALOIG ILNED AG		JON						_	
this rein	istatement ap	officer or director or the rec plication, the reason for dis- tion have been paid and the	solution has been	eliminated,	, the corpo	rate name satisfies	the requirements	of section 607.0401 o	617.040	1, F.S., that all fees	d	

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

