

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

pg 1 of 2



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01 MAR 29 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 657239

1. Corporation Name

SECURITY EQUIPMENT COMPANY, INC.

2. Principal Office Address

798 Airport Road

3. Mailing Office Address

4306 Greenleaf Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City, FL

City & State

Panama City, FL

Zip

32405

Country

USA

Zip

32404

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida February 19, 1980

5. FEI Number 59-1975453

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

Henry H. McClain III

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

4306 Greenleaf Circle

Suite, Apt. #, Etc.

City

Panama City

State
FL

Zip Code
32405

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

Henry H. McClain III

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
P	Henry H. McClain III	4306 Greenleaf Circle	Panama City, FL 32404
VP	Norman Fralick	8211 Highpoint Road	Panama City, FL 32404
S	Norma W. McClain	4306 Greenleaf Circle	Panama City, FL 32404

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****300.00 ****300.00

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:

Henry H. McClain III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-01

Date

850 785 3547

Daytime Phone #

CR2E081 (9/00)

pg 292

I Henry H. Mc Clain, President of
Security Equipment Co. Inc. Attest that
I did not Receive the Annual Report Form
for the year 2000.

Henry H. Mc Clain
Security Equipment Co.