

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 APR 21 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000003059

1. Corporation Name

SECURITY ERECTORS, INC.

Principal Place of Business

Mailing Address

~~231 TRYON ROAD, STE 105-A
RALEIGH NC 27603~~

~~231 TRYON ROAD, STE 105-A
RALEIGH NC 27603~~

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



REINSTATEMENT 01-03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

120 DONMOOR COURT

120 DONMOOR COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GARNER NC

City & State

GARNER NC

Zip

27529

Country

USA

Zip

27529

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/25/2000

5. FEI Number

56-1387652

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	4 City / State / Zip
PT	WELLS, DAVID	231 TRYON RD, STE 105-A <u>120 DONMOOR COURT</u>	RALEIGH NC <u>GARNER NC 27529</u>
VS	CHANDLER, ROBERT F	231 TRYON RD, STE 105-A <u>120 DONMOOR COURT</u>	RALEIGH NC <u>GARNER NC 27529</u>

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04/18/03--01014--019 **1058..75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~F. JOSEPH McMACKIN, GUARLES & BRADY, LLP
4501 TAMIAMI TRAIL NORTH, STE 300
NAPLES FL 34103~~

Name

F. JOSEPH McMACKIN III

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

BOND SCHOENECK & KING, PA

Suite, Apt. #, Etc.

4001 TAMIAMI TRAIL NORTH, STE 250

City

NAPLES

State

FL

Zip Code

34103

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

F. JOSEPH McMACKIN, III

REGISTER

Date

April 14 2003

11. 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:

David Wells **REDAINED** WELLS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-03-2003

Date

919-773-0210

Daytime Phone #

CR2E040 (801)