PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 28 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F01000001717**

1. Corporation Name

SECURITY EQUIPMENT COMPANY, INC.

Principal Place of Business	Mailing Address
798 AIRPORT ROAD PANAMA CITY FL 32405	798 AIRPORT ROAD PANAMA CITY FL 32405

REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
	798 Airport Road	03/29/2001
Suite, Apt. #, etc.	Suite, Apt. #, etc. Attn Tim	5. FEI Number 65-1090649 — Applied For / Not Applicable
City & State	City & State Panama City, FL	
Zip / Country	Zip 32405 / Country USA	6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	RUZIKA, STEPHEN J	336 KEY PALM ROAD	BOCA RATON FL 33432
VSD	DANNEBERG, JOHN E	~~5 NICKLAUS COURT~~ 1 Valencia Court	~~FLORHAM PARK NJ 07932~~ Skillman NJ 08558
AS	SCHOENFELD, ELI D	~~ONE BAG HAMMARSKJOLD PLAZA~~ 260 Madison Avenue	~~NEW YORK NY 10017~~ New York NY 10016

300024204503
10/28/03--01043--005 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	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. or 617.0505, F.S.

Signature of Registered Agent Evelyn Wright/Authorized Representative Date 10/20/2003
REGISTERED AGENT MUST SIGN

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: 10/15/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SECURITY EQUIPMENT COMPANY, INC.

798 AIRPORT ROAD
PANAMA CITY, FLORIDA 32405

PHONE 850 785 3547
TOLL FREE 800 426 9818
FAX 850 785 6446

October 14, 2003

Florida Department of State
Secretary of State
Division of Corporations
Attn: Application for reinstatement

RE: Reinstatement for FEI 65-1090649

Dear Sir or Madam:

Please find attached a check for $150 and an application for reinstatement for Security Equipment Company, Inc. (FEI # 65-1090649) document # F01000001717. We request that you waive the Reinstatement fee because we did not receive the annual report form for 2003. (or a notice of deliquency)

If you have any questions please contact me at 860-404-0617.

Respectfully,

Norman Sack

Norman Sack, CMA
Controller