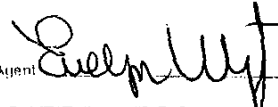
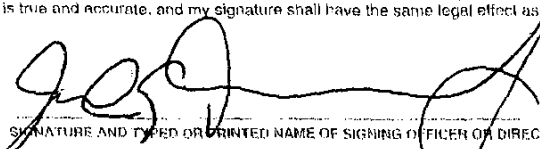
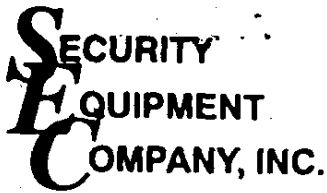


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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			
If above addresses are incorrect in any way, file 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	
Suite, Apt. #, etc.		798 Airport Road Attn: Tim		03/29/2001	
City & State		Panama City, FL		5. FEI Number	
Zip		32405		65-1090649	
Country		USA		6. CERTIFICATE OF STATUS DESIRED ☐ 38.75 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)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
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	SCHOENFIELD, ELI D	ONE DAG 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		
			Zip Code		
			FL		
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 #					



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 delinquency)*

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

Respectfully,

A handwritten signature in black ink that reads "Norman Sack". The signature is written in a cursive style with a large, stylized "N" and "S".

Norman Sack, CMA
Controller