

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 15 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000006011

1. Corporation Name

ASECUREAMERICA INCORPORATED

Principal Place of Business

3361 RIVER DRIVE
EDEN UT 84310

Mailing Address

P.O. BOX 150
EDEN UT 84310



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

2. New Principal Office Address, If Applicable

3322 No. River Dr.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3322 No. River Dr.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

11/19/2001

5. FEI Number

87-0685310

Applied For

Not Applicable

City & State

Eden, Utah

City & State

Eden, Utah

Zip

84310

Country

USA

Zip

84310

Country

USA

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
P	FERRIN, LYNN	9209 SUMMER BREEZE COURT	CLERMONT FL 34711
V	BUTLER, CHUCK	9209 SUMMER BREEZE COURT	CLERMONT FL 34711
S	FERRIN, MARK	3361 RIVER DRIVE	EDEN UT 84310
T	FERRIN, CHERYL	3361 RIVER DRIVE	EDEN UT 84310

300009023273
11/15/02--01055--018 **150.00

8. Name and Address of Current Registered Agent

FERRIN, LYNN

9209 SUMMER BREEZE COURT
CLERMONT, FL 34711

Ferrin, Lynn

9209 Summer Breeze Ct.
Clermont, Fl. 34711

9. Name and Address of New Registered Agent

Name

FERRIN, LYNN

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

3322 No. River Dr.

Suite, Apt. #, Etc.

City

Eden, UT

State

UT

Zip Code

84310

CR2E040 (8/02)

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/23/02

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:

SIGNATURE REQUIRED
Lynn J. Ferrin

10/23/02 808-745-3654

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

November 5, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

To Whom It May Concern:

This letter is being sent to advise you that AsecureAmerica Incorporated, a Nevada corporation, doing business in Florida as a foreign corporation, never received the required mailings to keep AsecureAmerica qualified to do business in Florida.

Please note the new address for our principal office address on the Application for Reinstatement.

I am enclosing a check in the amount of \$150.00 as required.

Thank you,

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Lynn Ferrin', with a long horizontal flourish extending to the right.

Lynn Ferrin
President
AsecureAmerica, Inc.