

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000000974

1. Corporation Name

SAFEGUARD AMERICA, INC.

2. Principal Office Address 7031

GRAND NATIONAL DR.

Suite, Apt. #, etc.

#110

City & State

ORLANDO FL

Zip

32819

Country

ORANGE

3. Mailing Office Address 7031

GRAND NATIONAL DR.

Suite, Apt. #, etc.

#110

City & State

ORLANDO FL

Zip

32819

Country

ORANGE

REINSTATEMENT 03

**4. Date Incorporated or Qualified
To Do Business in Florida** 1/02

5. FEI Number

88-0498444

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name

JEFF THERIAQUE

400024103284
10/27/03--01022--006 **758.15

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

7031 GRAND NATIONAL DR.

Suite, Apt. #, Etc.

#110

City

ORLANDO

State

FL

Zip Code

32819

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

Date 10-21-03

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/T/S	JEFF THERIAQUE	7031 GRAND NATIONAL DR. #110	ORLANDO FL 32819
V	MARK THERIAQUE	SAME AS ABOVE	ABOVE

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:

JEFF THERIAQUE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-21-03

Date

4078520402

Daytime Phone #