PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F11000001114

1. Corporation Name

Secure Records Solutions, Inc

600384018801
08/30/19--01027--020 **793.75
600384018801
08/30/19--01027--020 **793.75

CR2E081 (11/10)

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 920 Corral Valley Rd | 920 Corral Valley Rd |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Colorado Springs, CO | City & State: Colorado Springs, CO |
| Zip: 80929 Country: USA | Zip: 80929 Country: USA |

4. Date Incorporated or Qualified To Do Business in Florida: Jan 11, 2012

5. FEI Number: 84-1025323 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Northwest Registered Agent LLC

Street Address (P.O. Box Number is Not Acceptable): 7901 4th St N STE 300

Suite, Apt. #, Etc.:

City: St Petersburg State: FL Zip Code: 33702

FILED
2019 NOV 22 PM 2:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: V. Dani Dias Date: 8/26/19
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 |
|---|---|---|---|
| Pres | Fredrick V. Garcia | 920 Corral Valley Rd | Colorado Springs CO 80929 |
| VP | Susan M. Cunningham | 920 Corral Valley Rd | Colorado Springs CO 80929 |
| | | | |
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REINSTATEMENT
2017 - 2019

10. E-mail Address: Kteer@srgcorp.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] 8/26/19 (719) 683-5020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #