

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 FEB 15 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

F94000001529

1. Corporation Name

Security Vault Works, Inc. *printed*

W00000002992

2. Principal Office Address

122 Lafayette Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Same

City & State

City & State

Laurel, MD

Zip

20707

Country

USA

Zip

Country

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

3/28/94

5. FEI Number

52-1459252

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

97-00

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

25 Marvin Ave.

City

Plantation

State
FL

Zip Code
33324

000003145230-3

02/23/00 01100 012
***1200.00 ***1200.00

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

2/10/00

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	Tim Abell	122 Lafayette Ave.	Laurel, MD 20707
V. Pres	Linda Abell	122 Lafayette Ave.	Laurel, MD 20707

REINSTATEMENT 97-00 RE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Linda Abell Vice Pres

Date

Linda Abell 11

Daytime Phone #

301-776-2577

CR2E081 (9/99)