

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

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

DOCUMENT # F97000006596

1. Corporation Name  
Southern Security Bank Corporation

Principal Place of Business  
Hollywood, FL

Mailing Address  
3475 Sheridan Street  
Hollywood, FL 33021

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida  
December 15, 1997

5. FEI Number  
65-0325364

Applied For  
Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
C/D/P	Philip C. Modder	1135 S.W. 21st Street	Boca Raton, FL 33486
D/VC	James L. Wilson	384 N.W. 9th Terrace	Boca Raton, FL 33486
D	R. David Butler	2119 Tiger Tail Avenue	Coconut Grove, FL 33133-3243
D	Timothy S. Butler	H.C. 10, Box 580	Lakemont, GA 30552
D	Harold C. Friend, M.D.	1500 N.W. 10th Avenue, Ste. 105	Boca Raton, FL 33486
D	Eugene J. Strasser, M.D.	1505 University Drive	Coral Springs, FL 33071-6041

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name  
Floyd D. Harper, Vice President

Street Address (P.O. Box Number is Not Acceptable)  
Southern Security Bank Corporation

Suite, Apt. #, Etc.  
3475 Sheridan Street

City  
Hollywood

State Zip Code  
FL 33021

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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date April 2, 1999

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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

4/02/99

Date

954-985-3900

Daytime Phone #

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FLORIDA DEPARTMENT OF STATE - APPLICATION FOR REINSTATEMENT

BLOCK 7 (Continued)

<u>Title</u>	<u>Name of Officer</u>	<u>Street Address</u>	<u>City/State/Zip</u>
VP	Floyd D. Harper	3475 Sheridan Street	Hollywood, FL 33021