

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

12 NOV -1 PM 1:18

DOCUMENT #

H96611

1. Corporation Name

Security Concepts of Boca Raton Inc.

REINSTATEMENT 2012

2. Principal Office Address - No P.O. Box #

5300 NW 76 Place

3. Mailing Office Address

PO Box 4021

Suite, Apt. #, etc

NA

Suite, Apt. #, etc

NA

City & State

Pompano Beach Fl

City & State

Boca Raton FL

Zip

33073

Country

Broward

Zip

33429

Country

Palm beach

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

11/29/86

5. FEI Number

592634933

☐ 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

Frank Bevac JR

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

5300 NW 76 Place

Suite, Apt. #, Etc

NA

City

Pompano Beach

State

FL

Zip Code

33073

800241418818
11/01/12--01028--019 **750.00

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

Frank Bevac JR

REGISTERED AGENT MUST SIGN

Date 10-29-2012

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
DP	Frank F. Bevac	5300 NW 76th PL.	Pompano Beach 33073

10. E-mail Address: B 5NOR @ AOL. COM

(To be used for future annual report notification)

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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 in making 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:

Frank Bevac JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-12

Date

361-482-2634

Daytime Phone #