

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 DEC 19 PM 3:18  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **L48977**

1. Corporation Name

**SECURE COMPANIES, INC.**

Principal Place of Business

Mailing Address

~~20 COUNTRY CLUB ROAD~~  
~~SHALIMAR FL 33602~~

~~POST OFFICE BOX 540909~~  
~~TAMPA FL 33672-0000~~



REINSTATEMENT

9700

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

2. New Principal Office Address, If Applicable

**3000 RICHMOND AVE**

Suite, Apt. #, etc.

**SUITE 120**

City & State

**HOUSTON TEXAS**

Zip

**77098**

Country

**USA**

3. New Mailing Office Address, If Applicable

**P.O. Box 540909**

Suite, Apt. #, etc.

City & State

**HOUSTON TEXAS**

Zip

**77254**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business In Florida

**02/01/1990**

5. FEI Number

**59-2993114**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<del>D</del>	<del>WENZEL, GLENN</del>	<del>20 COUNTRY CLUB RD.</del>	<del>SHALIMAR FL</del>
<del>D</del>	<del>WENZEL, VALERIE</del>	<del>20 COUNTRY CLUB RD.</del>	<del>SHALIMAR FL</del>
D/P/T	Charles Joekel	3625 Southwest Freeway	Houston, TX 77027
VP/S	Pat Tammaro	3625 Southwest Freeway	Houston, TX 77027
			<b>800002880618-7</b> <b>-12/23/97--01063--018</b> <b>****750.00 ****750.00</b>

8. Name and Address of Current Registered Agent

**GRAHAM, KEVIN H ESQ.**  
**BARNETT PLAZA - SUITE 2800**  
**101 E. KENNEDY BLVD.**  
**TAMPA FL 33602**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

*KEVIN H. GRAHAM*

REGISTERED AGENT MUST SIGN

Date

**December 18, 1997**

11. This corporation owes or has paid 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:

*Pat Tammaro*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PAT TAMMARO**

Date

Daytime Phone #

**12/16/97 713-522-4800**

CR2040 (8/97)