

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # N02000002772**

1. Entity Name  
**S.A.F.E. SOCIETY OF FLORIDA, INC.**



FILED

07 OCT 17 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**3351 WILLIAMSBURG LOOP  
HOLIDAY, FL 34691**

Mailing Address  
**3351 WILLIAMSBURG LOOP  
HOLIDAY, FL 34691**

2. Principal Place of Business - No P.O. Box #  
**3303 Bigelow Dr.**

3. Mailing Address  
**P.O. Box 1303**

Suite, Apt. #, etc.

City & State  
**HOLIDAY FL**

City & State  
**ELFERS, FL**

Zip  
**34691**

Country  
**USA**

Zip  
**34680**

Country  
**USA**

**REINSTATEMENT** 102099 (1/07)

4. FEI Number  
**02-0591766**

Apply for  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROSE, TARA L  
3351 WILLIAMSBURG LOOP  
HOLIDAY, FL 34691**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Tara Rose* DATE 10.2.07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$61.25  
After January 1, 2008, Fee will be \$122.50**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD ROSE, TARA L 3351 WILLIAMSBURG LOOP HOLIDAY, FL 34691	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSE, DANNY O 3351 WILLIAMSBURG LOOP HOLIDAY, FL 34691	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVILES, KIM M 1910 GROVELAND RD PALM HARBOR, FL 34683	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, DIANE 1344 SOLAR DR HOLIDAY, FL 34691	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, DAVID 1344 SOLAR DR HOLIDAY, FL 34691	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<p><b>800110897566</b> 10/17/07--01038--002 **70.00</p>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<p><i>10/10/18</i></p>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<p><i>D</i> <b>Heather Burgess-Chin</b> <b>240 Union St</b> <b>Dunedin, FL 34698</b></p>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<p><i>D</i> <b>William Chin</b> <b>240 Union St</b> <b>Dunedin, FL 34698</b></p>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Tara Rose* DATE 10.2.07 DAYTIME PHONE # 727-534-3240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR