

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000000638

1. Entity Name
THE SECURITY GROUP, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 23 PM 4:17

Principal Place of Business
394 NORTH BLVD
SAINT AUGUSTINE, FL 32095

Mailing Address
394 NORTH BLVD
SAINT AUGUSTINE, FL 32095



2. Principal Place of Business
157 Sunside Ave
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 880084
Suite, Apt. #, etc.

11042005 REIN-P CR2E098 (6/04)

City & State
St. Augustine FL
Zip 32084 Country USA

City & State
St. Augustine FL
Zip 32080 Country USA

4. FEI Number
59-3657673
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name D.J. Thomson
Street Address (P.O. Box Number is Not Acceptable)
157 Sunside Ave
City St. Augustine FL Zip Code 32084

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 D.J. Thomson Date 11/21/05
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD THOMPSON, TIMOTHY SCOTT 394 NORTH BLVD SAINT AUGUSTINE, FL 32095	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	400061662564 11/23/05--01019--005 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 exemption stated in Section 119.07(3)(i), 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 607, 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: Timothy S. Thomson Date 11/21/05 1-904-810-5003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/23