

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JAN 14 PM 3:12

DOCUMENT # P00000038078

1. Corporation Name

SECURITY LOGISTICS, INC.

Principal Place of Business

Mailing Address

~~2337 LOCKWOOD MEADOWS WAY
SARASOTA FL 34234~~

~~2337 LOCKWOOD MEADOWS WAY
SARASOTA FL 34234~~



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.

218 FAREHAM DR

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

218 FAREHAM DR

4. Date Incorporated or Qualified
To Do Business in Florida

04/14/2000

5. FEI Number

105-1012727

Applied For

Not Applicable

City & State

Venice, FL

City & State

Venice, FL

Zip

34293

Country

USA

Zip

34293

Country

USA

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
Pres.	Hashay C BURCH	218 FAREHAM DR Venice, FL 34293	Venice, FL 34293
V.P.	Kelley S. BURCH	218 FAREHAM DR	Venice, FL 34293
			600004785556--8 -01/22/02--01022--007 ****750.00 ****750.00
			600004785556--8 -01/22/02--01022--008 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

BURCH, HASHAY
2337 LOCKWOOD MEADOWS WAY
SARASOTA FL 34234

9. Name and Address of New Registered Agent

Name Kelley S. BURCH
Street Address (P.O. Box Number is Not Acceptable)
218 FAREHAM DR
Suite, Apt. #, Etc.

City Venice

State FL

Zip Code 34293

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

Kelley S. Burch
REGISTERED AGENT MUST SIGN

Date

1/3/02

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 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:

Kelley S. Burch
KELLEY S. BURCH
V. President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/1/01

Daytime Phone #

941-
497-
3924

CR2E040 (8/01)