

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV 25 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000060642

1. Corporation Name

Options for Personal Security, Inc.

200137999352
11/17/08--01049--009 **300.00

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

731 E. Wasp Ave

Suite, Apt. #, etc.

City & State

Ridgecrest, CA

Zip

93555

Country

USA

3. Mailing Office Address

226 S. Ridgewood Drive

Suite, Apt. #, etc.

City & State

Sebring, FL

Zip

33870-3339

Country

USA

REINSTATEMENT 07-08

4. Date Incorporated or Qualified
To Do Business in Florida Jan 8, 2001

5. FEI Number
59-3660505

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
Bruce L. Lybarger

Street Address (P.O. Box Number is Not Acceptable)
226 S. Ridgewood Drive

Suite, Apt. #, Etc.

City
Sebring

State
FL

Zip Code
33870

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 *Bruce J. Lybarger*

REGISTERED AGENT MUST SIGN

Date 11/13/2008

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
D	Stanford, James A.	731 E. Wasp Ave	Ridgecrest, CA 93555

10. 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 contained in Chapter 119, 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:

Bruce J. Lybarger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/2008

Date

863-385-8850

Daytime Phone #

JAMES A. STANFORD