

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 MAR -4 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000098785

1. Corporation Name

Special Security, Inc.

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

3427 Davey Allison Blv

Suite, Apt. #, etc.

Suite 108

City & State

Hueytown, Alabama

Zip

35023

Country

USA

3. Mailing Office Address

P.O. Box 520609

Suite, Apt. #, etc.

City & State

Longwood, Florida

Zip

32750

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/10/2001

5. FEI Number

59 3750230

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

Harvey M. Alper

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

516 Douglas Avenue

Suite, Apt. #, Etc.

Suite 1106

City

Altamonte Springs

State

FL

Zip Code

32714

☐ 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

Harvey M. Alper

Date 21 February 2008

REGISTERED AGENT MUST SIGN

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,C	Scott Nordness	5304 Whisperwood Drive	Hoover, AL 35226
P,D	Frank Camper	3427 Davey Allison Blvd.	Hueytown, AL 35023
S,D	Arthur F. Register, Jr.	694 Shady Ct.	Altamonte Springs, FL
			32701
			200119387742
			03/04/08--01025--020 **1050.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arthur F. Register, Jr./Sec. 2/21/08 407/830-7402

Date

Daytime Phone #