

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP 21 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000075544

1. Corporation Name

SECURITY NETWORK ENTERPRISES
INC

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

5823 BLUEBERRY CT.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

LAUDERHILL FL

City & State

Zip Country

33313

Zip Country

REINSTATEMENT 03-07

4. Date Incorporated or Qualified
To Do Business in Florida

7-11-2002

5. FEI Number

P02000075544

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

GARRETT CASSELLS

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

5823 BLUEBERRY CT.

Suite, Apt. #, Etc.

City

LAUDERHILL

State

FL

Zip Code

33313

☒ 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

Garrett Cassells

Date

9-11-07

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
<u>V.P.</u>	<u>GARRETT CASSELLS</u>	<u>5823 BLUEBERRY CT.</u>	<u>LAUDERHILL FL</u>
<u>CEO</u>	<u>HYGIEA FRANCIS</u>	<u>5823 BLUEBERRY CT.</u>	<u>LAUDERHILL FL 33313</u>
<u>1</u>	<u>THESSE CAR ANTOLE</u>	<u>5823 BLUEBERRY CT.</u>	<u>LAUDERHILL FL</u>
<u>1</u>	<u>REMOVE G.G. Hf</u>	<u>5823 BLUEBERRY CT.</u>	<u>LAUDERHILL FL</u>
<u>1</u>	<u>REMOVE G.G. Hf</u>	<u>5823 BLUEBERRY CT.</u>	<u>LAUDERHILL FL</u>

100109758931
09/21/07--01024--018 **\$750.00

100109758931
09/21/07--01024--019 **\$9.95

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:

GARRETT CASSELLS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-07

Date

954-274-3326

Daytime Phone #