PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P02000113403 DOCUMENT #

1. Corporation Name

SAFENET SOUTH SECURITY, INC.

Principal Place of Business

Mailing Address

2000 WHITNEY DR CLEARWATER FL-39760 2000 WHITNEY DR CLEARWATER FL-33760

If above addresses are	incorrect in any v	vay, line throu	igh incorrect infori	mation and er	nter correction b	elow.
2, New Principal Office	Address, If Applic	able √.	3. New Mailing (Office Addres	s, If Applicable	5
Suite, Apt. #, etc			Suite, Apt. #, etc.	~		
CXEARWA7	ER	FL	City & State	JATER	3 FL	
^{Zip} 33762	Country	4	^{Zip} 3376	<u>ي</u> د	untry SA	

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



If above	addresses are incorrect in any way, line th	rough incorrect in	nformation and e	nter correction below.	8.85-80	ASP DA DO ESTA	Commission of the Commission o	
2, New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4707 44046 Address					Date Incorporated or Qualified To Do Business in Florida 10/14/2002			
Suite, Apt.		Suite, Apt. #,	etc.		5. FEI Numbe		Applied For	
City & Stat	RWATER FL	City & State	WATER	2 F/		135117	Not Applicable	
33	762 Country SA	Zip 337	T Co	ountry SA	6. CERTIFICATE		5 Additional Fee required or a Certificate of Status	
7. Names	and Street Addresses of Each Officer and	or Director (Flo	rida nonprofit co	porations must list at lea	st 3 directors)			
Title(s)	s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
DP	YOUSSEF, SAMEH R		2088 WHITNE	EY DR		CLEARWATER FL 33760		
DVST	YOUSSEF, EILEEN		2088 WHITNE	EY DR		CLEARWATER FL 33760		
					10/22/	00240147 0301055014	316 **150.00	
8. Name and Address of Current Registered Agent					9. Name and	Address of New Registered A	lgent	
				Name			-	
JANSSEN, DUANE H 1626 38 AVE NORTH				Street Address (P.O. Box Number is Not Acceptable)				
ST PETERSBURG FL 33713				Suite, Apt. #, Etc.				
				City		State FL	Zip Code	
10. I, being	g appointed the registered agent of the abo	ove named corpo	oration, am famili	ar with and accept the ol	oligations of Secti	on 607.0505, F.S. or 617.0505	, F.S.	
Signature (of I Agent SIGNA	TURE	REC	UIRED		Date]	
	•	EGISTERED AG	ENT MUST SIG	N				

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 filling 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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

10/20/03

Date

727 507



Helping people to achieve their goals

October 17, 2003

Florida Department of State Annual Report/Reinstatement Section P. O. Box 6327 Tallahassee, Florida 32314-6327.

Dear Sir or Madam:

Safenet South Security, Inc., EIN 57-1135117 and Florida Document # P02000113403 recently received notice of administrative dissolution. Because they had incorporated on October 14, 2002, they thought that the original fee that they had paid to incorporate covered the entire first year – not just the partial first calendar year. This erroneous thought was the result of misinformation that was received from the Department of State – probably because of not explaining the dates properly in October of last year when they incorporated.

Additionally, the annual report that should have been received by the corporation was not received. This particular corporation forwards such items to our office – and neither the corporate officers nor anyone in our office received the annual report.

Because of this being their first year of being incorporated and because the annual report was never received, we are requesting that the reinstatement fee be waived this one time. Enclosed with this letter is the signed application for reinstatement and a fee of \$150 as would be required for a timely filed annual report.

Thank you for your understanding in this matter.

_Sincerely,

JANSSEN & IGAR, CPA[§], PA

Duane H. Janssen

Certified Public Accountant

Encl: 1. Application for reinstatement

2. Check for \$150.

cc: Safenet South Security, Inc.