

2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

06 AUG 21 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000077013

1. Entity Name
HDJ SECURITY, INC.



Principal Place of Business
4440 LAFAYETTE STREET SUITE B
MARIANNA, FL 32446

Mailing Address
4440 LAFAYETTE STREET SUITE B
MARIANNA, FL 32446

2. Principal Place of Business
4105 Lafayette St.
Suite, Apt. #, etc.

3. Mailing Address
4105 Lafayette St.
Suite, Apt. #, etc.



07182006 REIN-P CR2E098 (11/05)

City & State
Marianna, FL.
Zip 32446 Country U.S.

City & State
Marianna, FL.
Zip 32446 Country U.S.

4. FEI Number
59-3732230

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAKER, FRANK A
4431 LAFAYETTE STREET
MARIANNA, FL 32446

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE DVST
NAME DANIELS, HARVEY JR
STREET ADDRESS 4440 LAFAYETTE STREET SUITE B
CITY-ST-ZIP MARIANNA, FL 32446 ☐ Delete

TITLE DP
NAME WEISS, LAURA M
STREET ADDRESS 4440 LAFAYETTE STREET SUITE B
CITY-ST-ZIP MARIANNA, FL 32446 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPVT
NAME Daniels Harvey Jr.
STREET ADDRESS 4105 Lafayette St.
CITY-ST-ZIP Marianna, FL 32446 ☒ Change ☐ Addition

TITLE DS
NAME Weiss, Laura M.
STREET ADDRESS 4105 Lafayette St.
CITY-ST-ZIP Marianna, FL 32446 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/06

850-482-8660

8/2/06