

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000133460

1. Entity Name  
SECUREFORCE ENTERPRISE, INC.



FILED

05 APR 12 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1417 EAST 30TH ST.  
JACKSONVILLE, FL 32206

Mailing Address  
1417 EAST 30TH ST.  
JACKSONVILLE, FL 32206

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03072005

REIN-P

CR2E098 (6/04)

4. FEI Number

52-2416428

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~LLOYD, CANDACE~~  
~~1417 EAST 30TH ST.~~  
~~JACKSONVILLE, FL 32206~~

Name  
ANTHONY HENDERSON, SR.

Street Address (P.O. Box Number is Not Acceptable)  
8738 LANCASHIRE DRIVE

City JACKSONVILLE

FL

Zip Code 32219

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

*Anthony Henderson, Sr.*

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/17/2005

DATE

FILE NOW!!! FEE IS \$900.00

REINSTATEMENT 04-05

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE D ☒ Delete  
NAME LLOYD, CANDACE  
STREET ADDRESS 1083 SUNBEAM RD., APT. 1701  
CITY-ST-ZIP JACKSONVILLE, FL 32257

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

TITLE D ☐ Delete  
NAME HENDERSON, ANTHONY SR.  
STREET ADDRESS 1417 EAST 30TH ST.  
CITY-ST-ZIP JACKSONVILLE, FL 32206

TITLE D, P, S ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 8738 LANCASHIRE DRIVE  
CITY-ST-ZIP JACKSONVILLE, FL 32219

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 800051199638  
CITY-ST-ZIP 04/19/05--01037--001 \*\*150.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Anthony Henderson, Sr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/17/2005 904 537-6506

Date

Daytime Phone #

208.2

SECUREFORCE ENTERPRISE, INC.  
8738 Lancashire Drive  
Jacksonville, Florida 32219

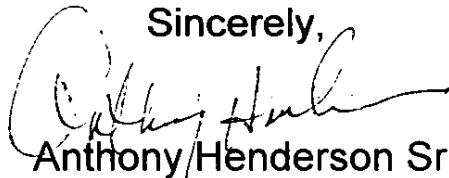
RE: Reinstatement of License  
Department of Licenses

Document Specialist

Thank you for waiving the reinstatement fee. As of May 14, 2004, I was in the process of moving to a new residence, and did not receive the request for my Corp Federal Tax Number that you sent.

Thanks again for your consideration in this matter. My Tax Number is 52-2416428. Please except my apology for this oversight!

Sincerely,



Anthony Henderson Sr.

PLEASE PRINT NAME AND ADDRESS OF THE PERSON TO WHOM THIS DOCUMENT IS TO BE SENT  
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