

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000153217

1. Entity Name  
SECURE HOUSE INC.



Principal Place of Business  
5248 CLUSTER OAKS COURT  
JACKSONVILLE, FL 32258

Mailing Address  
5248 CLUSTER OAKS COURT  
JACKSONVILLE, FL 32258

FILED  
05 DEC 28 PM 12:05  
TALLAHASSEE, FLORIDA



2. Principal Place of Business  
5248 Cluster Oaks Ct  
- Suite, Apt. #, etc. -

3. Mailing Address  
5248 Cluster Oaks Ct  
- Suite, Apt. #, etc. -

10202005 REIN-P CR2E098 (6/04)

City & State  
Jacksonville FL  
Zip 32258 Country America

City & State  
Jacksonville FL  
Zip 32258 Country Duval

4. FEI Number 043798521  
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
ARMBRUSTER, BRIAN R  
5248 CLUSTER OAKS COURT  
JACKSONVILLE, FL 32258

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 *Brian Armbruster*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12/29/05  
DATE

FILE NOW!!! FEE IS \$750.00  
After January 1, 2006, Fee will be \$900.00

| 10. OFFICERS AND DIRECTORS                         |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PTD<br>ARMBRUSTER, BRIAN R<br>5248 CLUSTER OAKS COURT<br>JACKSONVILLE, FL 32258 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | V<br>SIMONS, JAMEY<br>5248 CLUSTER OAKS COURT<br>JACKSONVILLE, FL 32258 <input type="checkbox"/> Delete         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>400062449054<br>12/29/05--01002--008 **750.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>REINSTATEMENT 05                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>T. Roberts DEC 29 2005                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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: *Brian Armbruster*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/05 901 292-1160  
Date Daytime Phone #