

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000161615

1. Corporation Name

Safety Keeper Security, Inc.

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

4121 NW 5th Street

Suite, Apt. #, etc.

Suite 200

City & State

Plantation, FL

Zip

33317

Country

U.S.A.

3. Mailing Office Address

P.O. Box 122036

Suite, Apt. #, etc.

City & State

Fort-Lauderdale, FL

Zip

33312

Country

U.S.A.

**REINSTATEMENT** 08-10

400174812804

04/07/10--01007--014 \*\*308.75

CR2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida 11/22/2004

5. FEI Number  
86-1121421

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$5.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

JOEY JOSEPH

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

4121 NW 5th Street

Suite, Apt. #, Etc.

City

Plantation,

State

FL

Zip Code

33317

☒ 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.

400174812804

04/13/10--01013--001 \*\*141.75

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

REGISTERED AGENT MUST SIGN

Date

3/15/2010

**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
PT	JOEY JOSEPH	4121 NW 5th Street	Plantation, FL 33317
VP	MARIEFRANCE SYLVAIN	4121 NW 5th Street	Plantation, FL 33317

10. E-mail Address: safetykeepersecurity@hotmail.com

(To be used for future annual report notification)

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 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. I further certify, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/2010

Date

954-465-7178

Daytime Phone #