

2010 FOR PROFIT CORPORATION REINSTATEMENT

FILED

10 OCT 13 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000130041	
1. Entity Name FRYAR SECURITY, INC.	

Principal Place of Business 3100 S. RIO GRANDE AVE ORLANDO, FL 32805	Mailing Address P.O. BOX 617290 ORLANDO, FL 32805
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2. Principal Place of Business - No P.O. Box # 750 S. Orange Blossom Trail Suite 139 Orlando, Florida 32805	3. Mailing Address Suite, Apt. #, etc. Orlando, Florida 32805
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10132010 REIN-P CR2E098 (1/07)

4. FEI Number 26-1534529	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FRYAR, DANIEL 3100 S. RIO GRANDE AVE ORLANDO, FL 32805	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 750 S. Orange Blossom Trail Suite 139 City Orlando FL Zip Code 32805
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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: Daniel S. Fryar (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00 After January 1, 2011, Fee will be \$900.00
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST FRYAR, DANIEL C 3100 S. RIO GRANDE AVE ORLANDO, FL 32805 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 750 S. Orange Blossom Trail Orlando, Florida 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000186641020 10/14/10--01001--008 **500.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000186641020 10/14/10--01001--009 **250.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 10/13

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: Daniel S. Fryar Daniel S. Fryar 10/13/10 (407) 453-8200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #