

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 FEB 13 AM 10:10

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P09 000014299

1. Corporation Name

The Security Guard And Investigation Inc
School

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

3639 5th Ave N.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Saint Petersburg, FL

City & State

Zip

33713

Country

U.S.

Zip

33713

Country

U.S.

000221772400

02/13/12--01059--010 **1000.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

02/13/2009

5. FEI Number

383796078

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jerry Woodson

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

3639 5th Ave N.

Suite, Apt. #, Etc.

City

Saint Petersburg

State

FL

Zip Code

33713

000221772400

02/13/12--01059--011 **50.00

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

Jerry Woodson

REGISTERED AGENT MUST SIGN

Date 2/8/12

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
Pres	Jerry Woodson	3639 5th Ave N.	St. Pete, FL 33713
VPres	Jerry Woodson	3639 5th Ave N.	St. Pete, FL 33713
SecR	Jerry Woodson	3639 5th Ave N.	St. Pete, FL 33713
TREA	Jerry Woodson	3639 5th Ave N.	St. Pete, FL 33713

REINSTATEMENT

FEB 13 2012

R. HUNT

10. E-mail Address: Jerry Woodson 608@gmail.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Jerry Woodson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/12

Date

Daytime Phone #

813-410-0127