

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 18 PM 4: 14

DOCUMENT # **P-92000014577**
1. Corporation Name

First Security Management Inc.

2. Principal Office Address - No P.O. Box #
1600 Ocean BLVD

3. Mailing Office Address
1600 Ocean BLVD

Suite, Apt. #, etc.
Suite 2301

Suite, Apt. #, etc.
Suite 2301

City & State
Lauderdale-by-the-Sea, FL

City & State
Lauderdale-by-the-Sea, FL

Zip Country
33062 Broward

Zip Country
33062 Broward

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida **12/23/92**

5. FEI Number
65-0390461

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
Rodney B. Hatfield

Street Address (P.O. Box Number is Not Acceptable)
1600 Ocean BLVD

Suite, Apt. #, Etc.
Suite 2301

City
Lauderdale-by-the-Sea

State Zip Code
FL 33062

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.

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

Date **9/14/07**

REGISTERED AGENT MUST SIGN

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.	Rodney B. Hatfield	1600 Ocean BLVD #2301	Lauderdale-by-the-Sea, FL 33062
Secr	Roy S. Newman II	3025 Washington Rd.	McMurray, PA 15317

REINSTATEMENT

02-07 B 9/14/07

09/18/07--01064--006 **2408.75
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10. 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #