

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
33062

Country
Broward

Zip
33062

Country
Broward

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
FL

Zip Code
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 |
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REINSTATEMENT

02-07 B9/11/07

09/18/07--01064--006 **2408.75
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09/18/07--01064--006 **2408.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

Daytime Phone #