PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING. APPROVED AND FILED

1995 Annual Report

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

95 MAY -1 PM 5:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000049387

1. Corporation Name

SECURITY VICE CORPORATION

Mailing Address	Principal Place of Business
3878 PROSPECT AVENUE SUITE 11 RIVIERA BEACH FL 33404	3878 PROSPECT AVENUE SUITE 11 RIVIERA BEACH FL 33404

300001480853
-05/09/95--01036--003
****200.00 ****200.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable	3. New Principal Office Address, If Applicable
P.O Box 20443	P.O. Box 20443
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: W. Palm Beach FLA.	City & State: West Palm Beach FLA
Zip: 33416 Country: U.S.A.	Zip: 33416 Country

4. Date Incorporated or Qualified To Do Business in Florida: 07/01/1993

5. FEI Number: 65-0423488 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CDPST	CASH, ORTHNELL	11193 N. 49TH ST.	ROYAL PALM BEACH FL
DST	CASH, CLEONA L L	11193 N. 49TH ST.	ROYAL PALM BEACH FL

8. Name and Address of Current Registered Agent

CASH, ORTHNELL
11193 N. 49TH ST.
ROYAL PALM BEACH FL 33411

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc

City | State: FL | Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: NOT A REINSTATEMENT, N/A. Date

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. ORTHNELL CASH

SIGNATURE: Orthnell Cash

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/95 Date

407-588-6300 Daytime Phone #

0047302 CP