

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1/82

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 JAN 28 AM 9 19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000061414

1. Corporation Name

Agur Safe & Lock Company of FL
Inc.

2. Principal Office Address

725 W Montrose

Suite, Apt. #, Etc.

City & State

Clermont, FL 34711

Zip

Country

34711

HSA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

8-27-1993

5. FEI Number

59-3192006

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

John L. Thomas, II

Street Address (P.O. box number is Not Acceptable)

130 Hillcrest Street

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32801

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

X

REGISTERED AGENT MUST SIGN

Date

X 1/23/2002

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
P	Ricardo J. Beltran	725 W Montrose	Clermont, FL 34711

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 under section 119.07(3)(i), 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

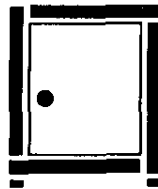
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-243-0133

CR2E081 (9/01)



AGUR
PROV. 30: 7-9
SAFE & LOCK COMPANY of FLORIDA, INC.

*High Security Safes ■ Electronic Locks
CC TVs ■ Alarms
Commercial ■ Residential*

January 10, 2002

Florida Dept of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

RE: Reinstatement of Corporation
Document No. P93000061414
FEI 59-3192006

TO WHOM IT MAY CONCERN:

We recently were notified that our corporation had been dissolved. I am enclosing my paperwork to reinstate it as well as our check for \$450.00 (for 2000, 2001, and 2002). I believe that the error occurred when we relocated our office from 140 North Orlando Ave. to 725 W Montrose St. in Clermont, FL. Perhaps the mail was not forwarded or the order had expired by the time that these were sent out. In light of this, I request that you waive any penalty fees normally assessed and accept our payment of \$450 as payment in full to bring our corporation up to date. I have since made notations to watch for our annual renewal by January 1st of each year to ensure that this does not occur again.

Thank you for your consideration and assistance with this matter.

Sincerely,

Lisa Quinones, Bookkeeper

/lq

Enclosure(s)

LOCATED IN HISTORIC DOWNTOWN CLERMONT

725 W. Montrose Street ■ Clermont, Florida 34711 ■ 352/243/0733 ■ Fax: 352/243-0734