

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



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

APPROVED
AND
FILED

02 MAR 21 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000072747

1. Corporation Name

GETZSECURE, INC

2. Principal Office Address

7720 LAKESIDE WOODS DR PO BOX 608098

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32810

Country

US

3. Mailing Office Address

PO BOX 608098

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32860-8098

Country

US

2001-2002 UBR

4. Date Incorporated or Qualified
To Do Business in Florida

10/20/1993

5. FEI Number

59-3207267

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

RONALD D. GETZ

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

7720 LAKESIDE WOODS DR

Suite, Apt. #, Etc.

City

ORLANDO

State
FL

Zip Code

32810

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

Ronald D. Getz

Date 3-20-02

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
PD	RONALD D GETZ	7720 LAKESIDE WOODS DR.	ORLANDO, FL 32810

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***300.75 ***300.75

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 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:

Ronald D. Getz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-20-02

Daytime Phone #

407
273-2873

GETZSECURE INC

FL STATE LICENSE EF0000560
GA STATE LICENSE LU 404870

2052

20 March 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

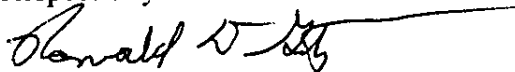
Reference: Reinstatement of Doc#P93000072747

To Whom It May Concern:

In November/December 2000, Getzsecure closed its office downtown and moved to Mr. Getz's residence. We have change both the physical and mailing address of the business. In addition, the address for the registered agent was changed. Apparently our office manager Mr. Markham (at that time) failed to notify the Division of Corporations.

We are officially requesting a waiver of the late filing fee due to the change of address and problems created by our move. We thank you in advance for your cooperation in this matter.

Respectfully Submitted:



Ronald D. Getz
GETZSECURE, Inc.