

2007 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

07 NOV 26 PH 5:15

DOCUMENT # P94000061685

1. Entity Name
A1A SUPERIOR LOCK & SAFE, INC.



Principal Place of Business
1417 N. OCEAN BLVD.
POMPANO BEACH, FL 33062

Mailing Address
140 ROYAL PALM CT
PLANTATION, FL 33317

8911-28-27 SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0532778

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARD, DALAN
1417 N. OCEAN BLVD.
POMPANO BEACH, FL 33062

Name Dalen Ward

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

251 NE 32 Ct

City Oakland Park

FL

Zip Code

33334

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(Signature, typed or printed name of registered agent and title, applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00

After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME WARD, DALEN
STREET ADDRESS 140 ROYAL PALM CT
CITY-ST-ZIP FORT LAUDERDALE, FL 33317

TITLE ☐ Change ☐ Addition
NAME 100111552551
STREET ADDRESS 10/31/07--01045--003
CITY-ST-ZIP **758.75

TITLE V ☐ Delete
NAME PRIDDY, S D
STREET ADDRESS 140 ROYAL PALM CT
CITY-ST-ZIP FORT LAUDERDALE, FL 33317

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dalen Ward
S.D. Priddy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-7

Date

954 325 7015

Daytime Phone #