

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 APR -8 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000024602

1. Corporation Name
Schultz Security Systems, Inc.

Principal Place of Business
6034 Chester Huenne
Suite 114
Jax, Fla. 32217

Mailing Address
P.O. Box 24271
Jax, Fla. 32241

REINSTATEMENT 96497

MWR

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida 3/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3298845

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ SP.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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
President	Fredric B. Schultz	9780 Preston Trail West	Ponte Vedra, Fla. 32082
Vice President	Dwight T. Harris	10849 Hampton Road	Jax, Fla. 32257

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***923.75 ***923.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Fredric B. Schultz
9780 Preston Trail West
Jax, Fla. 32
Ponte Vedra, Fla. 32082

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

Fredric B. Schultz

REGISTERED AGENT MUST SIGN

Date

4/7/97

11. 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.)

12. 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:

Fredric B. Schultz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fredric B. Schultz

Date

4/7/97

Daytime Phone #

904-

732-5500

CR2E040 (12/96)