

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

97 DEC -1 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000074102

1. Corporation Name

SECURED SCANNING SERVICES, INC.

Principal Place of Business

Mailing Address

~~1173 HWY 540~~
~~WINTER HAVEN FL 33880~~

~~1173 HWY 540~~
~~WINTER HAVEN FL 33880~~



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

2. New Principal Office Address, If Applicable

3590 Recker Hwy
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 1082
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

09/06/1996

City & State

WINTER HAVEN, FL

City & State

WINTER HAVEN, FL

Zip

33880

Country

USA

Zip

33880

Country

USA

5. FEI Number

59-2407615

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
D	KEMP, BETTY E	P.O. BOX 540	WINTER HAVEN FL 33880
D	RICHARD E. Kermode	3590 Recker Hwy WINTER HAVEN, FL 33880	WINTER HAVEN, FL 33880

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-12/04/97--01107--024

*****750.00 ***750.00**

8/12/3

8. Name and Address of Current Registered Agent

~~KEMP, BETTY E~~
~~1173 HWY 540~~
~~WINTER HAVEN FL 33880~~

9. Name and Address of New Registered Agent

Name **Richard E. Kermode**
Street Address (P.O. Box Number is Not Acceptable)
3590 Recker Hwy
Suite, Apt. #, Etc.
City **WINTER HAVEN** State **FL** Zip Code **33880**

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

R. Kermode
REGISTERED AGENT MUST SIGN

Date **11/24/97**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

RICHARD E. KERMODE
R. Kermode
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/24/97 **941-299-4700**
Date Daytime Phone #

CR2E040 (8/97)