


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000075373		
1. Entity Name COUNTY SAFE & LOCK COMPANY INC.		

Principal Place of Business 636 FORMOSA AVE. WINTER PARK, FL 32789-4523	Mailing Address 636 FORMOSA AVE. WINTER PARK, FL 32789-4523
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2. Principal Place of Business	3. Mailing Address 5417 Locksley Av.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Orlando FL
Zip	Zip 32810
Country	Country Orange

FILED
07 JAN -2 PM 5:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12292006 REIN-P CR2E098 (11/05) 06-07 War

REINSTATEMENT

4. FEI Number
59-3568470

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SOLERA, ROLAND E 636 FORMOSA AVE. WINTER PARK, FL 32789-4523	7. Name and Address of New Registered Agent Name BARBARA J. SOLERA Street Address (P.O. Box Number is Not Acceptable) 5417 Locksley Av. City Orlando FL Zip Code 32810
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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 Barbara J. Solera DATE 12/29/06.

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOLERA, ROLAND E 5417 LOCKSLEY AVE ORLANDO, FL 32810 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900092895729 01/02/07--01019--012 **308.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SOLERA, BARBARA J 5417 LOCKSLEY AV ORLANDO, FL 32810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Solera, Barbara J 5417 Locksley Av ORLANDO FL 32810 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Barbara J. Solera DATE 12/29/06. 407-740-5625

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR