

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 NOV 10 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000089190

1. Corporation Name

SECURITY, INC.

Principal Place of Business

Mailing Address

12200-21 SAN JOSE BLVD
SUITE 1110
JACKSONVILLE FL 32223

12200-21 SAN JOSE BLVD
SUITE 1110
JACKSONVILLE FL 32223



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

10/29/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

4221 Baymeadows Rd
Jacksonville, FL

3623 MAMARONECK CT.
Green Cove Springs, FL

59-3417911

Not Applicable

Zip Country
32217 USA

Zip Country
32043 USA

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
P.T	HIDAY, HENRY R. JR.	3875 DIX ELLIS TRAIL, STE 102	JACKSONVILLE FL 32256
P.T S-D	Hiday, HENRY R. JR.	3623 MAMARONECK CT.	Green Cove Springs, FL 32043
			200002346792-121
			-11/13/97--01089--001
			****758.75 ****758.75
			REINSTATEMENT (97)
			A. Alan
			11/10/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HIDAY, ROBERT D

12200-21 SAN JOSE BLVD
SUITE 1110
JACKSONVILLE FL 32223

Name

Hiday, Robert D.

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

8375 DIX ELLIS TRAIL

Suite, Apt. #, Etc.

Suite 102

City

JACKSONVILLE

State

FL

Zip Code

32256

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

REGISTERED AGENT MUST SIGN

Date 11/3/97

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)(f), 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:

SIGNATURE (AND TYPE) OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HENRY R. Hiday Jr. 11-1-97

Date

Daytime Phone #

904.636.0040