

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 SAN JOSE BLVD
 SUITE 1110
 JACKSONVILLE FL 32223~~

~~12200 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~~

~~3623 MAMARONECK CT.
 GREEN COVE SPRINGS, FL.~~

59-3417911

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

~~JACKSONVILLE, FL.~~

~~GREEN COVE SPRINGS, FL.~~

~~32217 USA~~

~~32043 USA~~

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
H	HIDAY, HENRY R. JR.	8875 DIX ELLIS TRAIL, STE 102	JACKSONVILLE FL 32256
P.T S-D	Hiday, HENRY R. JR.	3623 MAMARONECK CT.	Green Cove Springs, FL 32043
			200002346792-131 -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 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

CP2E040 (8/97)