

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 OCT 29 AM 10:09

DOCUMENT # **P97000005636**

1. Corporation Name
SECURITY OPTIONS, INC.

Principal Place of Business	Mailing Address
1716 BANYN CREEK COURT BOYNTON BEACH FL 33436	P.O. BOX 1147 BOYNTON BEACH FL 33425-1147 US



REINSTATEMENT 01

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida	01/21/1997
5. FEI Number	65-0727778
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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	4 City / State / Zip
PD	DOWDEN, DANIEL	1716 BANYN CREEK COURT	BOYNTON BEACH FL 33436
VD	REID, SHEILA	1716 BAYNA CREEK COURT	BOYNTON BEACH FL 33436

300004685089--8
 -11/16/01--01049--008
 ***750.00 ***750.00

Handwritten signature/initials

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DOWDEN, DANIEL
 222 WEST OCEAN AVE
 BOYNTON BEACH FL 33435

Name
 Street Address (P.O. Box Number is Not Acceptable)
 1716 Banyan Creek Court
 Suite, Apt. #, Etc.
 City
 Boynton Beach
 State Zip Code
 FL 33436

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 SIGNATURE REQUIRED Date 10-12-01
 REGISTERED AGENT MUST SIGN

11. 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: SIGNATURE REQUIRED Date 10/12/01 561-375-7988
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR20040 (8/01)