

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

*Page 1 of 2*

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

02 OCT 29 AM 9:01

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000005636**

1. Corporation Name  
**SECURITY OPTIONS, INC.**

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



400008675034  
 10/29/02--01136--016 \*\*150.00

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/21/1997	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0727778	
Country		Country		Applied For	
		P.O. Box 3585 Boynton Beach, FL 33424-3585 Palm Beach		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 <i>Banyan Creek Court</i>	BOYNTON BEACH FL 33436
VD	REID, SHEILA	1716 BANYN CREEK COURT <i>Banyan Creek Court</i>	BOYNTON BEACH FL 33436

*02 UBR 178*

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
DOWDEN, DANIEL 1716 BANYN CREEK COURT BOYNTON BEACH FL 33436		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		Suite, Apt. #, Etc.			
		City	State	Zip Code	
		FL			

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. or 617.0505, F.S.

Signature of Registered Agent: *[Signature]* REGISTERED AGENT MUST SIGN Date: *10-23-02*

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]* SHEILA REID Date: *10/23/02* Daytime Phone #: *561 375 7988*

CR2E040 (8/02)

1/9/02

# Security Options, Inc.

"Providing Options is our Business"

EF1065

P.O. Box 3585  
Boynton Beach, FL. 33424-3585

1716 Banyan Creek Court  
Boynton Beach, FL. 33436

(561) 375-7988

(561) 369-5570fax

October 24, 2002

Department of State  
Attn: Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

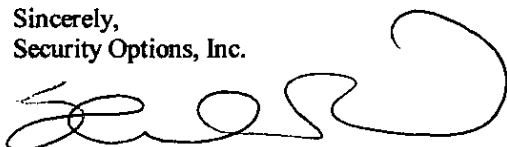
Re:P9700005636

To whom it may concern:

Enclosed is our corporate application and this letter stating that we have just received yesterday October 23, 2002 this application for the first time. As of a year ago we changed our mailing address from PO BOX 1147 to our current PO BOX 3585, Boynton Beach, Florida 33434. This application was sent to our old mailing address, which we never received any paperwork to renew. Fortunately someone from the Post Office forward it to our new address.

If you have any questions please feel free to contact me directly or my partner Daniel Dowden

Sincerely,  
Security Options, Inc.



Sheila Reid  
Vice President