

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P97000005636

1. Corporation Name

SECURITY OPTIONS, INC.

Principal Place of Business

1716 BANYN CREEK COURT
BOYNTON BEACH FL 33436

Mailing Address

P.O. BOX 1147
BOYNTON BEACH FL 33425-1147
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

PO Box 3585
Boynton Beach, FL
33424-3585 Palm Beach

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 ☐

\$8.75 Additional Fee required for a Certificate of Status



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

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 Banyan Creek Court	BOYNTON BEACH FL 33436
VD	REID, SHEILA	1716 BANYN CREEK COURT Banyan Creek Court	BOYNTON BEACH FL 33436

02 UBL 18

8. Name and Address of Current Registered Agent

DOWDEN, DANIEL
1716 BANYN CREEK COURT
BOYNTON BEACH FL 33436

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 REQUIRED
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sheila Reid 10/23/02 561 375 7988
Date Daytime Phone #

CR2E040 (8/02)

1/7/02

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

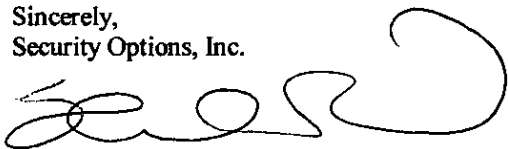
Re: P9700005636

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