

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV 30 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000060355

1. Corporation Name

SAFENET FINANCIAL SERVICES, INC.

Principal Place of Business

Mailing Address

311 PARK PLACE BOULEVARD
SUITE 255
CLEARWATER FL 34619

311 PARK PLACE BOULEVARD
SUITE 255
CLEARWATER FL 34619

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

07/10/1997

5. FEI Number

59-3457068

Applied For

Not Applicable

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
D	PIAZZA, JOHN J JR.	311 PARK PLACE BOULEVARD, SUITE	CLEARWATER FL 34619

300002713163--r
-12/15/98--01073--014
****150.00 ****150.00

8. Name and Address of Current Registered Agent

PIAZZA, JOHN J JR.
311 PARK PLACE BOULEVARD
SUITE 255
CLEARWATER FL 34619

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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)(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

Date

Daytime Phone #

John J. Piazza Jr

11/20/98 (727) 533-9700

CR2ED40 (9/96)



SafeNet Financial Services

2

Personalized protection for your future

November 20, 1998

Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir/Madam:

I am in receipt of the Dissolution Notice regarding Safenet Financial Services, Inc. Please be advised that I have contacted your reinstatement office and informed them that an original notice was never received at our mailing address. In addition, I informed them that Safenet Financial continues to remain in business as a corporation.

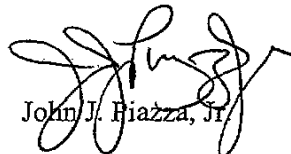
The reinstatement department advised me to send the completed form and \$150.00 check (enclosed) for the annual report bringing Safenet Financial Services, Inc. into full compliance for 1998.

I trust that further mailings and communications will be directed to the new mailing address of:

Safenet Financial Services, Inc.
430 Park Place Blvd.
Clearwater, FL 33759

Should you need to contact a representative, please call Rita Lombardi at 727/793-9300.

Sincerely,



John J. Rianza, Jr.

JJR/ssc

Cc: Rita Lombardi