

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT 16 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10032006 REIN-P CR2E098 (11/05)

DOCUMENT # P98000040106

1. Entity Name
SAFE DATA SYSTEMS, INC.



Principal Place of Business
220 MIRACLE MILE
STE 230
CORAL GABLES, FL 33134

Mailing Address
P.O. BOX 145238
CORAL GABLES, FL 33114-5238

2. Principal Place of Business
150 Alhambra Circle
Suite, Apt. #, etc.
1260
City & State
CORAL GABLES FL
Zip
33134 Country
USA

3. Mailing Address
P.O. Box 143752
Suite, Apt. #, etc.
City & State
CORAL GABLES, FL
Zip
33114 Country
USA

4. FEI Number
65-0849508

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CARMONA, LETICIA I
3280 SW 190 AVENUE
MIRAMAR, FL 33029

7. Name and Address of New Registered Agent
Name
LETICIA I CARMONA
Street Address (P.O. Box Number is Not Acceptable)
3980 SW 49 ST
City
MIAMI FL Zip Code
33155

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE _____

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARMONA, LETICIA 3280 SW 190TH AVE MIRAMAR, FL 33029	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARMONA, LUIS M 3280 SW 190TH AVE MIRAMAR, FL 33029	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 3980 SW 49 ST MIAMI, FL 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V 3980 SW 49 ST MIAMI, FL 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600080875575 10/18/06--01041--024 **158.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE: 10/11/06 DAYTIME PHONE: 305 448 7466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20