

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000090123

1. Entity Name  
SECURITY GENERAL CAPITAL CORPORATION



FILED

2006 OCT 13 PM 3:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2701 LEJEUNE ROAD  
SUTIE 325  
CORAL GABLES, FL 33134

Mailing Address  
2701 LEJEUNE ROAD  
SUTIE 325  
CORAL GABLES, FL 33134

2. Principal Place of Business  
8649 NW 36 ST  
Suite, Apt. #, etc.  
# 218

3. Mailing Address  
8649 NW 36 ST  
Suite, Apt. #, etc.  
# 218



10102006 REIN-P CR2E098 (11/05)

City & State  
Miami FL  
Zip  
33166  
Country  
DADE

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Miami, FL  
Zip  
33166  
Country  
DADE

4. FEI Number  
65-0995070  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

CHAMBERS, ROBERT A  
2701 LEJEUNE ROAD  
SUTIE 325  
CORAL GABLES, FL 33134

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
8249 NW 36th St. # 218  
City Miami FL Zip Code 33166

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10-10-06

FILE NOW!!! FEE IS \$750.00  
After January 1, 2007, Fee will be \$900.00

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME P  
STREET ADDRESS CHAMBERS, ROBERT  
CITY-ST-ZIP 2701 LEJEUNE RD. #325  
CORAL GABLES, FL 33134 ☐ Delete

TITLE  
NAME ST  
STREET ADDRESS CHAMBERS, MARY C  
CITY-ST-ZIP 2701 LEJEUNE RD. #325  
CORAL GABLES, FL 33134 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME 8649 NW 36 ST. # 218 ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP Miami, FL 33166

TITLE  
NAME 8649 NW 36 ST # 218 ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP Miami, FL 33166

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
100080825461  
10/13/06--01034--020 \*\*750.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

Robert A. Chambers

10-10-06

305-801-4689

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #