

# 2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# S85647

Entity Name: SAFETY AMERICA, INC.

FILED  
Mar 08, 2011  
Secretary of State

**Current Principal Place of Business:**

9204 HECKSCHER DR.  
JACKSONVILLE, FL 32226 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 8041  
JACKSONVILLE, FL 32239 US

**New Mailing Address:**

9204 HECKSCHER DR.  
JACKSONVILLE, FL 32226 US

FEI Number: 59-3092368

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TOMLINSON, R.L.  
9204 HECKSCHER DR  
JACKSONVILLE, FL 32226 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: R.L. TOMLINSON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: TOMLINSON, ROBERT L  
Address: 9204 HECKSCHER DR  
City-St-Zip: JACKSONVILLE, FL

Title: S  
Name: TOMLINSON, CATHERINE B  
Address: 9204 HECKSCHER DR  
City-St-Zip: JACKSONVILLE, FL

Title: D  
Name: PARRISH, MICKEY L  
Address: 6937 LA MESA DR W  
City-St-Zip: JACKSONVILLE, FL 32217

Title: D  
Name: PARRISH, ALICE M  
Address: 6937 LA MESA DRIVE W  
City-St-Zip: JACKSONVILLE, FL 32217

Title: VP  
Name: TOMLINSON, CATHERINE B  
Address: 9204 HECKSCHEE DR.  
City-St-Zip: JACKSONVILLE, FL 32226

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: R.L. TOMLINSON

PRES

03/08/2011

Electronic Signature of Signing Officer or Director

Date