PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 DEC 19 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400004743214--7
-12/28/01--01082--002
****908.75 ****908.75

DOCUMENT # P98000070448

1. Corporation Name

FIRST ALERT SECURITY CORP.

REINSTATEMENT 00-01

2. Principal Office Address		3. Mailing Office Address	
1 S. Orange Ave.		1 S. Orange Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 403		Suite 403	
City & State		City & State	
Orlando, FL		Orlando, FL	
Zip	Country	Zip	Country
32801	USA	32801	USA

4. Date Incorporated or Qualified To Do Business in Florida: 08/12/98

5. FEI Number: 59-3526703 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: F & L Corp.

Street Address (P.O. Box Number is Not Acceptable): The Greenleaf Building, 200 Laura Street

Suite, Apt. #, Etc.: 3rd Floor

City	State	Zip Code
Jacksonville	FL	32201-0240

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] Agent — Date: 12/18/01

REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P,S,T,D	Scott Morris	1 S. Orange Ave., Suite 403	Orlando, FL 32801

10. 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] — 12/17/01 — 407-839-3400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32524F.1