

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra L. Morth
Secretary of State
DIVISION OF CORPORATIONS

27692

DOCUMENT # S27692

1. Corporation Name
Alarm Screens, Inc.

Principal Place of Business
6859 Pentland Way #33
Ft. Myers, FL 33912

Mailing Address

REINSTATEMENT p/10/97
94-97 KAG

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
5636 Youngquist Road
Suite, Apt. #, etc.
#2

3. New Mailing Office Address, If Applicable
6901 St. Edmunds Loop
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida
1-25-91

City & State
Ft. Myers, FL 33912
Zip
33912
Country
Lee

City & State
Ft. Myers, FL 33912
Zip
33912
Country
Lee

5. FEI Number
65-0247179

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres Dir	Marie Joreski	6901 St. Edmunds Loop	Ft. Myers, FL 33912

SECRETARY OF STATE
TALAMASSEE, FLORIDA
OCT 10 AM 10:44
FILED

8. Name and Address of Current Registered Agent

Ralph Joreski
6859 Pentland Way #33
Ft. Myers, FL 33912

9. Name and Address of New Registered Agent

Name
Marie Joreski
Street Address (P.O. Box Number is Not Acceptable)
6901 St. Edmunds Loop
Suite, Apt. #, Etc.
500002324365--7
City
Ft. Myers
State 12-108-001
***125375 ***1253.75

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
Marie Joreski
REGISTERED AGENT MUST SIGN

Date Oct 9, 1997

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: *Marie Joreski*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Marie Joreski - Pres

Date Oct 9, 1997
Daytime Phone # 941-482-5440

CR2E040 (12/96)