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B06000000098

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850)521-1000
Fax Number : (850)558-1515

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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LP/LLLP REINSTATEMENT
ADS SECURITY L.P.

Certificate of Status	1
Certified Copy	0
Page Count	02
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C. LEWIS
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EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # B06000000098

1. Name of Limited Partnership

ADS Security L.P.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3001 Armory Drive	3001 Armory Drive
Suite, Apt. #, etc. Suite 100	Suite, Apt. #, etc. Suite 100
City & State Nashville TN	City & State Nashville TN
Zip 37204 Country	Zip 37204 Country

CR2E039 (1/07)

4. Date Formed or Registered To Do Business in Florida 2/24/2006

5. FEI Number 25-1636357 Applied For Not Applicable

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

8. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.

City: Tallahassee State: FL Zip Code: 32301

7. FEES:

Filing Fee(s): $411.25 for each year due this office.

Supplemental Fee(s): $88.75 for each year due this office.

Penalty Fee(s): $500 for each year or part thereof limited *partnership revoked on our records.*

[ ] A $500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $500 penalty fee(s) be waived

9. Pursuant to the provisions of section 620.1540 or 620.1906, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) Sue G. Knight as its agent (REGISTERED AGENT MUST SIGN) DATE 4-2-10

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Number)	City, State and Zip Code	10a. Registration Document Number
Mahler Security Services Inc	3001 Armory Dr. Suite 100	Nashville TN 37204	F05000007027
Elmhurst Corporation	one Bigelow Square Suite 630	Pittsburg, PA 15219	

REINSTATEMENT - 07-10

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability or non-compliance with Chapter 119, F.S. In the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE [signature] DATE 4-01-10

Typed or Printed Name of General Partner Signing Form Mel A. Mahler Telephone Number 615-269-4388

C.L.