PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 APR -7 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 662582 94

1 Corporation Name

BELL ALARM SYSTEMS, CORP.

Principal Place of Business / Mailing Address

10001 W. FLAGLER STREET, G-714
MIAMI, FL 33174

REINSTATEMENT 94-97 MWB

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

2 New Principal Office Address, If Applicable	3 New Mailing Office Address, If Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4 Date Incorporated or Qualified To Do Business in Florida

5 FEI Number 59 2018314 ☐ Applied For ☐ Not Applicable

6 CERTIFICATE OF STATUS DESIRED ☒ SB 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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/S	MANUEL REAL	G-714 10001 W. FLAGLER STREET	MIAMI, FL 33174
VP/T	RAMON S. SANCHEZ	G-714 10001 W. FLAGLER STREET	MIAMI, FL 33174
			300002136193--3 -04/08/97--01040--020 *****8.75 *****8.75
			300002136193--3 -04/08/97--01040--021 *****5.00 *****5.00
			300002136193--3 -04/08/97--01040--022 ***1240.00 ***1240.00

8. Name and Address of Current Registered Agent

MANUEL REAL
10001 W. FLAGLER STREET, G-714
MIAMI, FL 33174

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc
City | State FL | Zip Code

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: Manuel Real (REGISTERED AGENT MUST SIGN) Date: 4/4/97

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: Manuel Real (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)
MANUEL REAL

4/4/97 (Date) (305) 554-6898 (Daytime Phone #)

CR2E047(1/96)