

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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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2010 APR -6 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10 APR -6 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LP/LLLP REINSTATEMENT
ADS SECURITY L.P.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$4,008.75

C. LEWIS

APR 7 2010

EXAMINER
Help

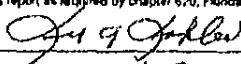
Electronic Filing Menu

Corporate Filing Menu

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2010 APR -6 AM 8:46
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 # B0600000098			
1. Name of Limited Partnership ADS Security L.P.			
2. Principal Office Address - No P.O. Box If		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	
6. CERTIFICATE OF STATUS DESIRED ☒ Additional Fee required for a Certificate of Status		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 linked 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 ☐ A \$500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices.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.	
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	
9. I/We, in compliance with the provisions of section 620.18(1) or 620.18(2), 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 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 Numbers)	City, State and Zip Code	10a. Registration Document Number
Mahler Security Services Inc	3001 Armory Dr. Suite 100	Nashville TN 37204	FD5000007027
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 of not-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 effect as if made under oath. I further certify that I am a General Partner of the limited partnership, partnership, limited liability company or other business entity.			
SIGNATURE 		DATE 4-01-10	
Typed or Printed Name of General Partner Signing Form Mel A. Mahler		Telephone Number 615-269-4388	

C.L.