PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 AUG 11 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000003113

1. Corporation Name
ADVANTAGE ALARM SYSTEMS INCORPORATED

2002-05 Rev

2. Principal Office Address		**3.** Mailing Office Address	
130 CONWAY DR		130 CONWAY DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE F		SUITE F	
City & State		City & State	
BOGART, GEORGIA		BOGART, GEORGIA	
Zip	Country	Zip	Country
30622	USA	30622	USA

4. Date Incorporated or Qualified To Do Business in Florida: 01-18-2000

5. FEI Number: 58-2190999 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ **$8.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name: LINSEY BEN AYERS

Street Address (P.O. Box Number is Not Acceptable): 3385 COASTAL HWY

600058484806
08/11/05--01039--032 **1358.75

Suite, Apt. #, Etc.: APPT 11

City: ST AUGUSTINE | State: FL | Zip Code: 32084

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 _____ Date 07/29/05
REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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	JERRY KISER	136 LOWRY LANE	WILMORE, KY 40390

8/15

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: _____ JERRY KISER — 07/29/2005 — 706-548-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #