

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 MAY 13 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F05000003098

1. Corporation Name
Telemetry Security, Inc.

2. Principal Office Address - No P.O. Box #
1870 Crown Drive
Suite, Apt. #, etc.
1500
City & State
Farmers Branch, TX
Zip
75234
Country
United States

3. Mailing Office Address
1870 Crown Drive
Suite, Apt. #, etc.
1500
City & State
Farmers Branch, TX
Zip
75234
Country
United States

500129194815
05/13/08--01010--024 ***1050.00
REINSTATEMENT 06-08 WBP

4. Date Incorporated or Qualified To Do Business in Florida 3/1/2000

5. FEI Number 75-2865339 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
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
Suite, Apt. #, Etc.
City
Plantation
State
FL
Zip Code
33324

The reinstatement fee is imposed, 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 reinstatement fee be waived.

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 Kimberly Baggett REGISTERED AGENT MUST SIGN Kimberly Baggett Assistant Secretary Date 4/11/08

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	Colin M. Dobell	1870 Crown Dr., #1500	Farmers Branch, TX 75234
V/T	Thomas D. Souther	1870 Crown Dr., #1500	Farmers Branch, TX 75234
D	Daryl E. Hays	1870 Crown Dr., #1500	Farmers Branch, TX 75234

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 contained in Chapter 119, 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/11/08 Daytime Phone # 972-421-7144