

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAY 13 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Kimberly Baggett

REGISTERED AGENT MUST SIGN

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:

Kimberly Baggett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/11/08 972-421-7144

Daytime Phone #