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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F07000002564

1. Corporation Name

SecureAlert, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
150 West Civic Center Dr.	150 West Civic Center Dr.
Suite, Apt. #, etc Suite 400	Suite, Apt. #, etc Suite 400
City & State Sandy, UT	City & State Sandy, UT
Zip / Country 84070 / USA	Zip / Country 84070 / USA

CR2E081 (11/09)

4. Date Incorporated or Qualified To Do Business in Florida: 05/15/2007

5. FEI Number: 87-0676925 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional if required

7. Name and Address of Current Registered Agent

Name: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 2731 Executive Park Drive

Suite, Apt. #, Etc.: Suite 4

City: Weston | State: FL | Zip Code: 33331

☑ 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: NRAI Services, Inc. [signature] REGISTERED AGENT MUST SIGN — Date: 12/2/09

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
President	John Hastings III	150 West Civic Center Dr. #400	Sandy, Ut 84070
CEO	David G. Derrick	1401 N. Highway 89, Suite 240	Farmington, UT 84025
CFO	Michael G. Acton	5095 W. 2100 South	SLC, UT 84120

REINSTATEMENT

10. E-mail Address: jcooper@securealert.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of the corporation 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, I further certify 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: John G. Hastings III — 12-2-09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

• Division of Corporations

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Florida Department of State

Division of Corporations

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CORPORATION REINSTATEMENT

SECUREALERT, INC.

Certificate of Status	0
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