

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F88950

1. Corporation Name

AAA ALERT, INC.

Principal Place of Business

Mailing Address

% L.T. TUMBELTY  
4844 PHYLLIS STREET  
JACKSONVILLE FL 32205

% L.T. TUMBELTY  
4844 PHYLLIS STREET  
JACKSONVILLE FL 32205

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/30/1982

5. FEI Number

59-2330752

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	BECKER, MIKE	885 ORANGEWOOD ROAD	JACKSONVILLE FL
VP	TUMBELTY, JOHN	4844 PHYLLIS STREET	JACKSONVILLE FL
S	TURNER, SHIRLEY	4844 PHYLLIS STREET	JACKSONVILLE FL
S	DELAMARE, PATRICIA	4844 PHYLLIS STREET	JACKSONVILLE FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TUMBELTY, L.T.  
4844 PHYLLIS STREET  
JACKSONVILLE FL 32205

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 11-2-01

11. 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:

President  
Mike Becker  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-2-01 904-388-5475

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**AAA ALERT SYSTEMS, INC.**

4844 PHYLLIS STREET, JACKSONVILLE, FL 32254

FL License #EF0000523

(904) 388-5475

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Katherine Harris  
Secretary of State

AAA Alert Inc. returned our ( UBR ) along with our payment in January. Our Ck #-  
2039 cleared our bank on 2-2-01 . The accounting firm of James and Harris CPA handles  
all of this paper work for us . When we received our notice of Dissolution, I had Charles  
Bone, with James and Harris called to find out why . Mr. Bone was informed that our  
report was inadvertently sent lacking a signature. We did not receive any notice of this and  
hope that you will reinstate AAA Alert Inc. to active status .

Sincerely



Mike Becker  
President  
AAA Alert Inc.