


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 NOV 18 AM 8:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # F93000001580</b>					
1. Entity Name <b>J &amp; I MONITORING, INC.</b>					
Principal Place of Business <b>10390 SANTA MONICA BLVD., STE. 400 LOS ANGELES, CA 90025</b>			Mailing Address <b>10390 SANTA MONICA BLVD., STE. 400 LOS ANGELES, CA 90025</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State		City & State		4. FEI Number <b>95-3920662</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent <b>NRAI Services, INC. 526 E. Park Avenue Tallahassee FL 32301</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. <b>Signature: Luema M. Howarth, Asst Secy</b> <b>11-10-04</b> <small>NOTE: Registered Agent signature required when reinstating</small>					
<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCS ROBERTS, DAVID 947 TIVERTON AVENUE LOS ANGELES, CA 90024	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100042871641 11/18/04--01051--019 **\$150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCS BERGER, SHELDON P 10390 SANTA MONICA BLVD., STE. 400 LOS ANGELES, CA 90025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PARTINGTON, KANDIS L 10390 SANTA MONICA BLVD., STE. 400 LOS ANGELES, CA 90025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BARNWELL, PATRICIA 947 TIVERTON AVENUE LOS ANGELES, CA 90024	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <b>David Roberts</b>			<b>11/11/04 310 277 0057</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		