


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR <b>2000 UBR</b>	 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
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DOCUMENT # **F95000001499**

1. Corporation Name

**ASI/ALARM SERVICES INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

3075 ST. THOMAS  
MISSOULA MT 59803

Mailing Address

3075 ST. THOMAS  
MISSOULA MT 59803

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

4. Date Incorporated or Qualified  
To Do Business in Florida

03/28/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

81-0477438

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
<del>SD</del>	DITCH, W C	3075 ST. THOMAS	MISSOULA MT 59803
<del>SD</del> P D	SCHAFER, JOHN F	3075 ST. THOMAS	MISSOULA MT 59803
P	COSGROVE, MICHAEL J	21927 SE 416TH ST	ENUMCLAW WA 98022
TD	ALLYN, AUDRIE G	7163 SIESTA DRIVE	MISSOULA MT

300003459463--  
-11/03/00--01105--004  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

**PETER F. SOUZA**  
ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

10/18/00

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-17-00



815 E. Front St., Suite #4 • Missoula, MT 59802 • (406) 728-5168 • FAX (406) 728-9514

October 17, 2000

Division of Corporations  
Annual Report/Reinstatement Section  
Box 6327  
Tallahassee, Fl. 32314-6327

Dear Kathy,

Enclosed you will find a check for \$150.00 (as per your instructions) and the application for reinstatement.

I was informed the annual report forms are sent out in January and the 2<sup>nd</sup> notice is sent in June. We did not receive either mailing, however, the address they were sent to is correct.

On September 21 a letter (copy enclosed) was sent to the Dept of Revenue in Tallahassee requesting the annual report forms as we had not received them yet. On October 16 we received the application for reinstatement from your department.

Please waive the reinstatement fee and in the future we will request the annual reporting forms at the end of January if we have not received them by that date.

Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Grinsteiner".

Ken Grinsteiner  
GM Administration