PLEASE READ ALL INSTRUCTIONS BEFORE C

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-04

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99000003466

1. Corporation Name
SONITROL MANGEMENT CORPORATION

2. Principal Office Address		3. Mailing Office Address	
ONE TOWN CENTER ROAD		ONE TOWN CENTER ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: BOCA RATON, FL		City & State: BOCA RATON, FL	
Zip: 33486	Country: USA	Zip: 33486	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 07-06-99

5. FEI Number: 592478018 — 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

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: [signature] CONNIE BRYAN SPECIAL ASSISTANT SECRETARY — Date: 2/4/2004

REGISTERED AGENT MUST SIGN

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
PRES	CHRISTOPHER COBB	ONE TOWN CENTER ROAD	BOCA RATON, FL 33486
TREAS	MARTINA HUND-MEJEAN	ONE TOWN CENTER ROAD	BOCA RATON, FL 33486
SEC	BYRON S. KALOGEROU	ONE TOWN CENTER ROAD	BOCA RATON, FL 33486

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 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] James A. Bordonaro Vice Pres./Asst. Tres. POA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

CR2E081 (10/02)

FL01A - 11/03/2003 C T System Online

Florida Department of State

Division of Corporations

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Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)222-9428

CORPORATION REINSTATEMENT

SONITROL MANAGEMENT CORPORATION

Certificate of Status	0
Certified Copy	0
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EXHIBIT A
Tyco Affiliates and Subsidiaries

MID-ATLANTIC SECURITY, INC.

SONITROL CORPORATION

SONITROL MANAGEMENT CORPORATION