

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC -1 AM 9:58

DOCUMENT # F99000005487

1. Corporation Name

ALARM IT INCORPORATED

Principal Place of Business

Mailing Address

14848 OLD US #41. UNIT 7
NAPLES FL 34110

14848 OLD US #41. UNIT 7
NAPLES FL 34110

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

2. New Principal Office Address, If Applicable

1998 Trade Center Way

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

10/21/1999

5. FEI Number

41-1944537

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P	SMITH, ROY	14848 OLD US #41, UNIT 7	NAPLES FL 34110
VS	STEMEN, TRUDY	14848 OLD US #41, UNIT 7	NAPLES FL 34110
			100003500671--6
			-12/13/00--01117--023
			***750.00 ***750.00

8. Name and Address of Current Registered Agent

SMITH, ROY
14848 OLD US #41, UNIT 7
NAPLES FL 34110

9. Name and Address of New Registered Agent

Name

Roy - SMITH

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

1998 Trade Center Way

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34109

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

SIGNATURE REQUIRED

Date 11-27-00

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director of 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
Trudy Stemen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/27/2000

Date

941 596 1050

Daytime Phone #

CR20040 (800)