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|--|---|--|--|
| APPLICATION FOR REINSTATEMENT  | FOR Sandra B. Mortham Secretary of State  |  | 7  |
| DOCUMENT # J 56252<br>1. Corporation Name  METRO ALARM SYSTEMS, INC.   |   |  | SECHED Y OF STATE TALLARMETER FLORIDA  |
| Principal Place of Business  13724 North Kendall Drive # 135  MI'AMI, FL. 33186  If above addresses are incorrect in any way, line through incorrect information and enter correction below.   |   |  | 000002480820 6<br>-04/07/9801038008<br>****900.00 ****900.00   |
| New Principal Office Address, If Applicable     Suite, Apt. #, etc.  City & State  | 3. New Mailing Office Address, if Applicable  Suite, Apt. #, etc.  City & State |  | 4. Date Incorporated or Qualified To Do Business in Florida 2 110/87  5. FEI Number Applied For Not Applicable |
| Zip Country  | Zip Countr  | у  | 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  Officer and/or Director 1  (Do NOT Use Post Office Box Numbers)  City / State / Zip  |   |  |  |
| 14317 SW 90 TERRACE MIANU, FL. 3>186<br>00002480820- 6<br>-04/07/9801038009<br>*******8.75 ******8.75  |   |  |  |
| REINSTATEMENT 97-98  |   |  |  |
| 4  |   |  | gc 4-3-90  |
| 8. Name and Address of Current Registered Agent  |   | Name   | 9. Name and Address of New Registered Agent  |
| JORGE HERNANDEZ<br>14317 SW 90 TENTRACE  |   | Street Address (P.O. Box Number is Not Acceptable) |  |
| MIAMI, FL. 33186   |   | Suite, Apt. #, Etc.  City State Zip Code           |  |
| 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the oblig  |   |  | igations of Section 607 0505, F.S.   |
| Signature of Registered Agent Date 3/30/98  REGISTERS AGENT MUST SIGN  |   |  |  |
| 11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)  |   |  |  |
| 12. 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 filling 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: JOY DUME JOYCE HEMANUEZ 3/30/98 (305)386-6146  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date Daytime Phone 4   |   |  |  |