

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 OCT 15 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J56723**

1. Corporation Name

ALARMTEC SECURITY CORPORATION

Principal Place of Business

671 BRENT LANE
PENSACOLA FL 32524-0633
US

Mailing Address

671 BRENT LANE
PENSACOLA FL 32524-0633
US



REINSTATEMENT 2003

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

32503

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

32503

4. Date Incorporated or Qualified
To Do Business in Florida

02/12/1987

5. FEI Number

59-2769290

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PS	MARTIN, JEFFREY T.	1608 EAST JACKSON STREET	PENSACOLA FL 32501
VP	ALBERT, MARTIN Y	671 BRENT LN	PENSACOLA FL 32503

200023863892
10/16/03--01089--001 **750.00

8. Name and Address of Current Registered Agent

MARTIN, JEFFREY T.
~~1608 EAST JACKSON STREET~~
PENSACOLA FL 32501

9. Name and Address of New Registered Agent

Name

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

219 TRAYER AVE

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32507

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. or 617.0505, F.S.

Signature of
Registered Agent

Date

10-8-03

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/8/03

Daytime Phone #

**8FD
484-8200**

CR2E040 (7/03)