



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

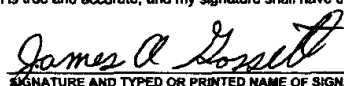
CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J74557					
1. Corporation Name Qualified Alarms Inc.					
2. Principal Office Address 12302 S. W. 132 Ct. Suite, Apt. #, etc.			3. Mailing Office Address P. O. Box 145367 Suite, Apt. #, etc.		
City & State Miami, Fl.			City & State Coral Gables, Fl.		
Zip 33157	Country Dade	Zip 33114-5367	Country Dade	4. Date Incorporated or Qualified To Do Business in Florida 5-26-1987	
5. FEI Number 592805870				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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7. Name and Address of Current Registered Agent	
Name Mike Oesterle Street Address (P.O. Box Number is Not Acceptable) 5965 S. W. 8 St. Suite, Apt. #, Etc. City Miami	Michael E. Oesterle 800004705238-8 12/05/01-01006-014 ***150.00 ***150.00 State FL Zip Code 33144

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 	Date 11/8/01
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
V	Charles E. Davis	21495 S. W. 183 Ave.	Miami, Fl. 33187
P	James A. Gossett	16501 S. W. 91 Ave.	Miami, Fl. 33157

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: 	James A. Gossett 11/8/01 305-262-2193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President	Date 11/8/01 Daytime Phone # 305-262-2193



To Division of Corporations

This is to advise you that we have not received our corporation renewal papers.

Our mailing address has changed, and apparently the renewal papers were not forwarded to us.

We have contacted your office, and were advised to send a letter stating the circumstances, with a check for \$150.00.

Enclosed is a copy of the cooperation reinstatement papers. Please advise us if there is anything further we must do.

Sincerely,

James A. Gossett
President
EF0000347