

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUN -3 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J 95682**

1. Corporation Name

ALARM SYSTEMS INTERNATIONAL, Inc

200005766322--9

-06/13/02--01079--015

***1350.00 ***1350.00

REINSTATEMENT 98-02

2. Principal Office Address

2221 NW 54 TERR

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 357007

Suite, Apt. #, etc.

City & State

GAINESVILLE FL

City & State

GAINESVILLE FL

Zip

32605

Country

US

Zip

32635

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

1987

5. FEI Number

59-2854893

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

MICHAEL W. PRICE JR

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

2221 NW 54 TERR

Suite, Apt. #, Etc.

City

GAINESVILLE

State
FL

Zip Code

32605

1200.00 - Adm

61.25 - AR

88.75 - ARSUP

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

Michael W. Price Jr.

REGISTERED AGENT MUST SIGN

Date **5/29/02**

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	MICHAEL W. PRICE JR	2221 NW 54 TERR	GAINESVILLE FL 32605

5/29/02

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:

Michael W. Price Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL W. PRICE, JR

5/29/02

Date

352-372-8844

Daytime Phone #

CR2E081 (9/01)