

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

98 DEC 21 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200002721072--1
-12/23/98-01054-014
***1050.00 ***1050.00
200002721072--1
-12/23/98-01054-015
*****17.50 *****17.50
DO NOT WRITE IN THIS SPACE

DOCUMENT # K26492

1. Corporation Name

PTC Security Systems, Inc

Mailing Address

Principal Place of Business

2300 NW 89th Place
Miami FL 33172

2300 NW 89th Place
Miami FL 33172

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

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6-17-1988

5. FEI Number

65-0110169

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Sanders, Craig E	2300 NW 89 th Place	Miami FL 33172
S	Renard, Bruce	2300 NW 89 th Place	Miami FL 33172
T	Baum, Bill	2300 NW 89 th Place	Miami FL 33172

REINSTATEMENT 96-98

4 12-21-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Richard Militello
2300 NW 89th Place
Miami FL 33172

Name

Bruce Renard

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

2300 NW 89th Place

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33172

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

Bruce Renard

REGISTERED AGENT MUST SIGN

Date

12-15-98

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐

(See other side for
additional information.)

12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. 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., and that all
fees owed by the corporation have been paid. 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:

Bill Baum

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-17-98 593-9662

Daytime Phone #

CR2E040 (6/94)