

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 MAY -6 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K26492**

**1. Corporation Name**

K26492  
PTC SECURITY SYSTEMS, INC.

**2. Principal Office Address**

200 PUBLIC SQUARE

**3. Mailing Office Address**

200 PUBLIC SQUARE

Suite, Apt. #, etc.

SUITE 700

Suite, Apt. #, etc.

SUITE 700

City & State

CLEVELAND, OH

City & State

CLEVELAND, OH

Zip

44114-2316

Country

USA

Zip

44114-2316

Country

USA

**REINSTATEMENT**

03-05

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

06-17-1988

**5. FEI Number**

65-0056996

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

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State  
**FL**

Zip Code  
32301

700054667467

05/17/05 01021-015 \*\*1050.75

**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

*by Margaret Pike, Asst. Secretary*  
REGISTERED AGENT MUST SIGN

Date **5-4-2005**

**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
T/CFO	DONALD L. PALIWODA	200 PUBLIC SQUARE, STE 700	CLEVELAND, OH 44114-2316
S	TAMMY L. MARTIN	200 PUBLIC SQUARE, STE 700	CLEVELAND, OH 44114-2316
COO	ANDREW P. TZAMARAS	200 PUBLIC SQUARE, STE 700	CLEVELAND, OH 44114-2316
D	DONALD L. PALIWODA	200 PUBLIC SQUARE, STE 700	CLEVELAND, OH 44114-2316

**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: *Donald L. Paluwoda* DONALD L. PALIWODA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/3/05*  
Date

216-875-4302  
Daytime Phone #

CR20081 (01/05)