

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>K43325</b>			
1 Corporation Name <b>CLASS SECURITY SYSTEMS, INC.</b>			
Principal Place of Business <b>698 NW 134 PLACE MIAMI, FL 33182</b>		Mailing Address	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2 New Principal Office Address, If Applicable <b>N/A</b>		3 New Mailing Office Address, If Applicable <b>N/A</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4 Date Incorporated or Qualified To Do Business in Florida <b>12-1988</b>		5 FEI Number <b>65-0084017</b>	
6 CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		Applied For Not Applicable	
7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		875 Additional Fee required for a Certificate of Status	
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
PRESIDENT	WILLIAM SANCHEZ	698 NW 134 PL	MIAMI, FL 33184
TREAS. SECRETARY	GLADYS M. SANCHEZ	198 NW 134 PL SAME AS ABOVE	MIAMI, FL 33184
300003026143-9 10/27/99-01048-013 ***1650.00 ***1650.00			
REINSTATEMENT 93-99 TS			
8 Name and Address of Current Registered Agent		9 Name and Address of New Registered Agent	
WILLIAM SANCHEZ 698 NW 134 PL MIAMI, FL 33182		Name <b>N/A</b>	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State <b>FL</b>	
		Zip Code	
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 <i>William Sanchez</i>		Date <b>10-14-1999</b>	
REGISTERED AGENT MUST SIGN			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
12. 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: <i>William Sanchez</i>		Date <b>10-14-99</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <b>305-551-2500</b>	

FILED

99 OCT 19 PM 6:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (12/98)