

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**APPLICATION FOR REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Morton**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

97 NOV 21 AM 9:20

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # K47023**

1. Corporation Name  
**ALARM ALERT SECURITY SYSTEMS INC.**

Principal Place of Business % RODOLFO A. IBARRA 9310 SW 69TH ST. MIAMI FL 33173	Mailing Address % RODOLFO A. IBARRA 9310 SW 69TH ST. MIAMI FL 33173
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing 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	11/18/1988
5. FEI Number	65-0095487
	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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
PD	IBARRA, RODOLFO A.	9310 SW 69 STREET	MIAMI FL
VTD	IBARRA, LOURDES M.	9310 SW 69 STREET	MIAMI FL

700002357087--5  
 -11/25/97--01079--008  
 \*\*\*\*\*165.00 \*\*\*\*\*165.00  
 JB  
 11-24-97

8. Name and Address of Current Registered Agent

IBARRA, RODOLFO A.  
 9310 SW 69TH ST.  
 MIAMI FL 33173

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	
State	FL
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: Lourdes Ibarr V.P. Date: 11/6/97

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

(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: Lourdes Ibarr 11/6/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE040 (8/97)



**BURGLAR & FIRE ALARMS**  
RESIDENTIAL • COMMERCIAL  
(305) • 598 • 1582

November 17, 1997

Florida Department of State  
Division of Corporations  
Annual Reports Section  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Ref.: Alarm Alert Security Systems, Inc.

Dear Sir (Madam):

Enclosed please find my Corporation Annual Report and my check for \$165.00.

I called your office and explained that I had not received the Corporation Annual Report. I was told that the penalty would be waived but that next year it would not.

Thank you very much for your understanding and please accept my apology for this inconvenience.

Sincerely,

  
\_\_\_\_\_  
Lourdes Ibarra - Vice-President