

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # L69520

1. Corporation Name

MEGGATRON FIRE AND BURGLAR ALARM INC.

Principal Place of Business

% FRED L. DRUMMOND
3589 NW 154 TERR.
MIAMI FL 33054
US

Mailing Address

% FRED L. DRUMMOND
3589 NW 154 TERR.
MIAMI FL 33054
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/30/1990

5. FEI Number

65-0212474

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
PTD	DRUMMOND, FRED L.	19754 NW 53 PL 1260 S.W. 103 AVE Pembroke Pines FLA	MIAMI FL 33025
PS	DRUMMOND, HEATHER	19754 NW 53 RD PL 1260 S.W. 103 AVE Pembroke Pines FL	MIAMI FL 33025

500002383955-3
-12/26/97-01113-020
***750.00 ***750.00

8. Name and Address of Current Registered Agent

DRUMMOND, FRED L.
19754 NW 53 PL
MIAMI FL 33055

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

Fred L. Drummond
REGISTERED AGENT MUST SIGN

Date 12/18/97

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.

Fred L. Drummond

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/97 (305)-685-1117
Date Daytime Phone #

FILED

97 DEC 22 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

CR2E040 (8/97)