				OMPLET	ING THIS FORM.	
APPLICATION FOR REINSTATEMENT	78	Sartin to lor	NT OF STATE tham state Bations		FILED	
DOCUMENT # MUI402 1. Corporation Name				98 AUG 14 PM 3: 46 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
ALERT SECURITY SYSTEMS OF SOUTH FLORIDA, INC. Principal Place of Business Mailing Address				IALL	AHASSEE, FLURI UA	
17027 WEST DIXIE HIGHWAY #120 N.M. BCH., FL. 33160						
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					<u> </u>	
2. New Principal Office Address, If Applicable 7.0 27 WEST DIXIE HWY. Suite, Apt. #, etc. 120 3. New Mailing Office Address, If Applicable 5. Suite, Apt. #, etc.			Applicable	4. Date Incorporated or Qualified To Do Business in Florida CCTOBER 1987		
City & State City & State				5. FEI Number 65-00	,	Applied For Not Applicable
N.M. BCH., FL. Zip Country 33160 U.S.A.	Zip	Country	y	6. CERTIFICATE	OF STATUS DESIRED (10 a Ce	ditional Fee required
7. Names and Street Addresses of Each Officer and/o	l or Director (Flori	ida nonprofit corpora	tions must fist at lea	st 3 directors)		
Title(s) Name of Officers and/or Directors 1 2	and/or Directors Offi				City / State / Z	р
President Neil Lader 1		16461 N.E. 34 Ave.			N.M. BCH., FL 33160	
}						
		00002619620 -08/19/9801024- ****323,75_*****				
8. Name and Address of Current R	egistered Agen	ot		9. Name and A	ddress of New Registered Agent	
Joan Constantine Name						(1/98)
16508 N.E. 26 Ave. #401 N.M. Bch., Fl 33160			Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			
City				State Zip Code		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligation					on 607.0505, F.S.	
Signature of Registered Agent REC	OSTERED AGE	NT MUST SIGN			Date 7-20-	28
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No \(\sum_{\text{on intangible tax.}}\)						
12. I certify that Fam 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 filling 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: SIGNATURE AND TYPED OR PRIN	FED NAME OF SIC	ONING OFFICER OR D	RECTOR	1/3	305-9 Daylime Pi	949-6674 none #

ALERT SECURITY SYSTEMS OF SOUTH FLORIDA, INC. 17027 WEST DIXIE HWY. #120

AUGUST 12, 1998

DIVISION OF CORPORATION 409 E. GAINES STREET TALLAHASSEE, FL 32399

TO WHOM IT MAY CONCERN:

I CALLED YOUR DEPT. OF STATE TODAY TO EXPLAIN THAT WE MOVED AND DID NOT RECEIVE ANY ANNUAL REPORT, THEREFORE FORGETTING TO SEND OUR CORPORATE FEE. THE GENTELMAN THAT I SPOKE WITH TOLD ME TO EXPLAIN THAT IT IS POSSIBLE THAT BECAUSE OF THE NEW ADDRESS, IT COULD BE THE REASON WE DID NOT RECEIVE IT.

ENCLOSED PLEASE FIND OUR CHECK FOR THE AMOUNT OF \$323.75, WHICH WILL INCLUDE OUR 1997, 1998, ALSO \$8.75 IS INCLUDED IN THIS CHECK FOR OUR CERTIFICATE OF STATUS.

I THANK YOU IN ADVANCE TO THE ATTENTION YOU GAVE MY COMPANY IN EXPIDITING THIS MATTER. I DO NOT KNOW HOW IT WAS OVER LOOKED, AS MY ACCOUNTANT ALWAYS SENT THIS IN ON TIME.

RESPECTFULLY.

PRESIDENT