

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 OCT 18 PM 3:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M96480

1. Corporation Name  
AMERICAN PERIMETER SECURITY, INC.

2. Principal Office Address  
408 N. KIRKMAN ROAD  
Suite, Apt. #, etc.

3. Mailing Office Address  
408 N. KIRKMAN ROAD  
Suite, Apt. #, etc.

City & State  
ORLANDO FLORIDA

City & State  
ORLANDO FLORIDA

Zip Country  
32811 USA

Zip Country  
32811 USA

4. Date Incorporated or Qualified To Do Business in Florida 1988

5. FEI Number 592853491 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
DREW WARTKO

Street Address (P.O. Box Number is Not Acceptable)  
2454 LAKE DEBRA DR. 1-104 300041937252  
10/18/04--01057--014 \*\*301.75

Suite, Apt. #, Etc.  
1-104

City  
ORLANDO

State Zip Code  
FL 32835

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 *[Signature]* Date 10/5/04  
REGISTERED AGENT MUST SIGN

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
S/P	DREW WARTKO	2454 LAKE DEBRA DR. #1-104 ORLANDO, FL 32835	ORLANDO, FL 32811
V.P.	JOSEPH FABIAN	278 HUNT STREET CLERMONT, FL 32711	CLERMONT FL 32711

REINSTATEMENT 03-01

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)(f), 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]* Date 10/05/04 Daytime Phone # 407-290-5310  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)



# AMERICAN PERIMETER SECURITY, INC.

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

October 14, 2004

To whom it may concern:

Please find attached a check for our annual filing. We moved our office to the new location and apparently never received the paperwork for the filing. Any leniency for late fees that we may have incurred would be greatly appreciated as we have suffered three floods at our office due to the hurricanes.

If you have any questions concerning this matter please do not hesitate to call us at 407-290-5310.

Sincerely,

Andrew Wartko  
President

FILING 2003 & 2004.