

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N20192

1. Corporation Name

AUTOMATIC FIRE ALARM ASSOCIATION (AFAA), INC./FL
SECTION

Principal Place of Business

6900 S W 21ST COURT
UNIT #6
DAVIE FL 33317
US

Mailing Address

6900 S W 21ST COURT
UNIT #6
DAVIE FL 33317
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

04/16/1987

5. FEI Number

59-2769306

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD D	NEILINGER, ERIC A	6900 S W 21ST COURT, #6	DAVIE FL 33317
VPD	HEGEDUS, FRANK	3801 COMMERCE PARKWAY	MIRAMAR FL 33025 DECEASED
STD VST	NEILINGER, RONNIE S	6900 S W 21ST COURT, #6	DAVIE FL 33317
			800023066988 10/17/03--01004--010 **70.00

8. Name and Address of Current Registered Agent

NEILINGER, ERIC A
6900 S W 21ST COURT
UNIT #6
DAVIE FL 33317

9. Name and Address of New Registered Agent

Name
ERIC A. NEILINGER
Street Address (P.O. Box Number is Not Acceptable)
6810 SW 42nd
Suite, Apt. #, Etc.
City
DAVIE
State
FL
Zip Code
33314

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. or 617.0505, F.S.

Signature of
Registered Agent

Eric A. Nelinger
REGISTERED AGENT MUST SIGN

Date 10/10/03

11. 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:

Ronnie S. Nelinger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/03 9548682626
Date Daytime Phone #

CR2E040 (7/03)



Broward: 954-424-9969
Dade: 305-652-1613
Statewide: 1-800-413-FIRE(3473)
Fax: 954-424-5826

FIRE ALARM SYSTEMS AND SECURITY, INC.

Monitoring • Service • Installations • Certifications • 24 Hr. Service
Licensed & Insured • Licence # EF-0000008

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

We did not receive the two prior uniform business report notices.

Can the reinstatement fee be waived.

Thank you,

A handwritten signature in cursive script, reading "Ronnie S. Neillinger".

Ronnie S. Neillinger
Vice President/STD