

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 OCT 25 PM 3:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000057542

1. Corporation Name

4 ALARMS, INC.

Principal Place of Business

10504 SPRINGHILL DRIVE  
SPRING HILL FL 34609

Mailing Address

10504 SPRINGHILL DRIVE  
SPRING HILL FL 34609

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

06/14/2000

5. FEI Number

59-3654129

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
P	GARETANO, MICHAEL V	31 GIRNVIEW AVENUE	NORTHPORT NY 11768
VP	GARETANO, JOSEPH	9 WEST 14TH ST	HUNTINGTON STATION NY 11746
VP	GARETANO, MICHAEL A	1416 FINDLAY AVENUE	SPRINGHILL FL 34609

8. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
526 E PARK AVE  
TALLAHASSEE FL 32301

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

CR2E040 (8/02)

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael A. Gareitano, VP

Date

Daytime Phone #

10/22/02 1800 4ALARMS



10504 Spring Hill Drive • Spring Hill, Florida 34608  
PH: 352-666-7828 • FAX: 352-666-7830  
FL State Certification # EG00001880

October 22, 2002

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

RE: Doc No. P00000057542  
4 Alarms, Inc.

Dear Sir/Madam:

Enclosed please find a completed Application for reinstatement.

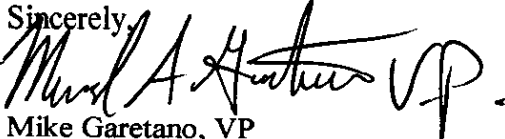
I filed my UBR, and it was sent in along with a \$550.00 fee for filing it after May 1, 2002.

Additionally, I do not have a signature in Line 10, because it is the same agent and I was informed if it was the same then they did not need to sign again. If any of my information is incorrect please call me immediately.

Furthermore, I was never mailed any further correspondence and/or rejection forms and as such I ask that any additional fees be waived. After submitting the fee and UBR in July I assumed that the same was filed as the check had been cashed. I was advised that because I was not mailed any further correspondence all I was needed to do was fill out the enclosed and mail it back.

Thank You for your anticipated cooperation in this matter.

Sincerely,

  
Mike Garetano, VP