

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000116968		01 OCT 25 PM 12:07	
1. Corporation Name <b>5 ALARM SERVICES, INC.</b>			
Principal Place of Business 4005 18TH AVE. W. BRADENTON FL 34205		Mailing Address 4005 18TH AVE. W. BRADENTON FL 34205	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida		12/26/2000	
5. FEI Number 65-1077074		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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	4 City / State / Zip
D	HOYLE, JEFFREY S	4005 18TH AVE. W.	BRADENTON FL 34205
D	HOYLE, THERESA L	4005 18TH AVE. W.	BRADENTON FL 34205
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MARTINEZ, RICHARD 2814 20TH AVE. DR. BRADENTON FL 34205		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	
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		Date	
REGISTERED AGENT MUST SIGN			
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: Jeffrey S. Hoyle, Pres.		Date: 10/22/01 941-321-5249	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2040 (801)

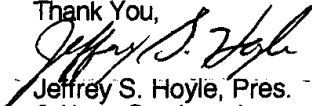
Division of Corp.  
Annual Report/ Reinstatement Section  
PO Box 6327  
Tallahassee, Fl. 32314-6327

10/22/01

To Whom It May Concern,

The fee for the enclosed UBR was sent on 4/26/01 and was posted by the state, however the correction first sent by you in June was not received and the correction is now enclosed.

Thank You,

  
Jeffrey S. Hoyle, Pres.  
5 Alarm Services, Inc.  
4005 18th Ave W.  
Bradenton, Fl. 34205  
Doc. #P00000116968