

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000008144

1. Corporation Name

Security Systems of America Corporation

2. Principal Office Address

5633 NW 86th Ave

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip
33067

Country
USA

3. Mailing Office Address

5633 NW 86th Ave

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip
33067

Country
USA

FILED

06 DEC 11 AM 9:44

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

Jan 22, 2001

5. FEI Number

13-4280726

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Luis F. Rubio

Street Address (P.O. Box Number is Not Acceptable)

5633 NW 86th Ave

Suite, Apt. #, Etc.

City
Coral Springs

State
FL

Zip Code
33067

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

REGISTERED AGENT MUST SIGN

Date
Sept 25, 2006

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 |
|--------|--------------------------------------|---|-------------------------|
| P/D | Luis F. Rubio | 5633 NW 86th Ave. | Coral Springs, FL 33067 |
| D | Lola S. Rubio | 5633 NW 86th Ave. | Coral Springs, FL 33067 |
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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 contained in Chapter 119, 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/25/2006

Date

954-341-9040

Daytime Phone #

Security Systems of America

Department of State
Division of Corporations
P.O Box 6327
Tallahassee1FL32314

REF: Request to Re-activate and waive reinstatement fees for Security Systems of America Corporation: PO1000008144

November 20, 2006

Dear Sir or Madam:

Please accept this letter as a request to re-activate and waive the reinstatement fees for Security Systems of America Corporation, based on the fact that we did not receive annual report forms for 2005.

The documents for the above corporation were filed Jan 22, 2001 and has never conducted any business.

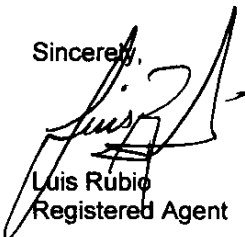
Enclosed please find check # 1001 in the amount of \$308.75 to cover fees as follows:

2005 @ \$150.00
2006 @ \$150.00
Certificate of Status @ \$8.75

Please send a Certificate of Status to:

Security Systems of America Corporation
Attn: Mr. Luis F. Rubio
5633 NW 86th Ave.
Coral Springs, FL 33067

Sincerely,



Luis Rubio
Registered Agent