

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 16 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000021710

1. Corporation Name

MX ALARMS, INC.

Principal Place of Business

Mailing Address

3600 MYSTIC POINT DR
PH1
AVENTURA FL 33180

3600 MYSTIC POINT DR
PH1
AVENTURA FL 33180

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable
160 NW 176th St.

3. New Mailing Office Address, if Applicable
160 NW 176th St.

Suite, Apt. #, etc.
400

Suite, Apt. #, etc.
400

City & State
Miami, FLORIDA

City & State
Miami, FL

Zip Country
33169 USA

Zip Country
33169 USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/28/2001

5. FEI Number

65-1097810

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	BOUSKILA, ERIC JAACOV	3600 MYSTIC POINT DR PH1 160 NW 176th St, #400	AVENTURA FL 33180 Miami, FL 33169

300023862893
10/16/03--01084--019 **150.00

8. Name and Address of Current Registered Agent

BOUSKILA, ERIC JAACOV
3600 MYSTIC POINT DR
PH1
AVENTURA FL 33180

9. Name and Address of New Registered Agent

Name
Eric Jaacov Bouskila
Street Address (P.O. Box Number is Not Acceptable)
160 NW 176th St.
Suite, Apt. #, Etc.
#400
City
Miami
State
FL
Zip Code
33169

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

Date 10/13/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERIC BOUSKILA

Date

10/13/03

Daytime Phone #

CR2E040 (7/03)

To whom it may concern:

This payment was sent in late because notices were sent to the wrong address. Please process our account immediately. Should you have any questions please call 305-557-5800.

Thank you.