2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 07, 2009
Secretary of State

DOCUMENT# P01000121291

Entity Name: SOUTHWEST FLORIDA ALARM & SECURITY, INC.

Current Principal Place of Business:

4126 ABBOTSFORD STREET
NORTH PORT, FL 34287

New Principal Place of Business:

Current Mailing Address:

4126 ABBOTSFORD STREET
NORTH PORT, FL 34287

New Mailing Address:

FEI Number: 01-0559770 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SOLERO, ZULMA L
4126 ABBOTSFORD STREET
NORTH PORT, FL 34287 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOHN SOLERO

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SOLERO, JOHN
Address: 4126 ABBOTSFORD STREET
City-St-Zip: NORTH PORT, FL 34287

Title: VP ( ) Delete
Name: SOLERO, JOHN JR
Address: 2196 PENFIELD
City-St-Zip: NORTH PORT, FL 34288

Title: STD ( ) Delete
Name: SOLERO, ZULMA L
Address: 4126 ABBOTSFORD STREET
City-St-Zip: NORTH PORT, FL 34287

Title: OFFI ( ) Delete
Name: SOLERO, JASON A
Address: 4126 ABBOTSFORD ST
City-St-Zip: NORTH PORT, FL 34287

Title: OFFI ( ) Delete
Name: OWEN, JAIME A
Address: 1793 DOOLEY AVE
City-St-Zip: NORTH PORT, FL 34288

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN SOLERO PD 11/07/2009

Electronic Signature of Signing Officer or Director — Date