

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JAN 29 AM 8:00

DOCUMENT # P02000085192

1. Corporation Name

ALARM ZONE OF FLORIDA, INC.

**REINSTATEMENT** 03-04

MRB

1/26/04 01016 0224750.00

2. Principal Office Address

780 N.W. 42 AVENUE

3. Mailing Office Address

780 N.W. 42 AVENUE

Suite, Apt. #, etc.

516

Suite, Apt. #, etc.

SUITE 516

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33126

Country

DADE

Zip

33126

Country

DADE

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

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

AURELIO A. PIEDRA CPA

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

780 NW 42 AVENUE

800027546228

Suite, Apt. #, Etc.

SUITE 516

02/05/04-01015-006 \*\*15.00

City

MIAMI

State  
FL

Zip Code  
33126

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

Aurelio A Piedra

Date 1-13-04

REGISTERED AGENT MUST SIGN

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
PRE	HILTSE, GABRIEL	6555 ALDREN STREET	MONTREAL QC, CANADA H2Z 1C9
SEC	SAME AS ABOVE	SAME AS ABOVE	SAME AS ABOVE
DIRE	SAME AS ABOVE	SAME AS ABOVE	SAME AS ABOVE
TREAS	SAME AS ABOVE	SAME AS ABOVE	SAME AS ABOVE

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 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

1-14-04

Date

1-866-426-6217

Daytime Phone #