

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 28 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO2000117750

1. Corporation Name

SOUTHERN ALARM & SECURITY SYSTEMS, INC.

2. Principal Office Address

13340-F S.W. 88 TERRACE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33186

Country

U.S.A.

3. Mailing Office Address

13340-F S.W. 88 TERRACE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33186

Country

U.S.A.

4. Date Incorporated or Qualified

To Do Business in Florida NOVEMBER 1 2002

5. FEI Number

16-1636444

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 03-04

WOP

7. Name and Address of Current Registered Agent

Name

FERNANDO J. PORTUONDO

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

13340-F S.W. 88 TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33186

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 4/23/04

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/S	FERNANDO J. PORTUONDO	13340-F S.W. 88 TERRACE	MIAMI FL 33186

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:

[Handwritten Signature]

4/23/04

786-2188040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

SOUTHERN ALARM & SECURITY SYSTEMS, INC.

13340-F S.W. 88 TERRACE
MIAMI, FL 33186

TEL 305.279.1101
FAX 305.279-6266

2052

March 25, 2004

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir:

This is to inform you that we did not receive the UBR notices for the year 2003 and for this current year. Please accept our application for reinstatement. Also note the attached check in the amount of \$317.50.

If you have any questions, please feel free to contact us.

Thanking you in advance for your cooperation in this matter.

Sincerely,



Fernando J. Portuondo
President