2005 FOR PROFIT CORPORATION REINSTATEMENT

REHOTATEMENT										
DOCUMENT # P03000040954 1. Entity Name SUPERVISION SURVEILLANCE FRANCHISE COMPANY, INC.							-9 PM 4:3	.7 		
Principal Place of Business Mailing Address						1 .	يآرا ,	12		
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O Mailing Address										
2. Principal Place of Business			3. Mailing Address				LEIBB IIIII BAHI BAKI BALII	, 8831 6181 6840 6811 8111 81		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			11082005	REIN-P	CR2E098 (6/04)		
City & State			City & State			4. FEI Numbe 36-4528		 -i-	pplied For ot Applicable	
Zip	Zip Country		Zip Coun		try	5. Certificate of Status Desired			\$8.75 Additional Fee Required	
6. Name and Address of Current			Registered Agent			7. Name and Address of New Registered Agent				
Name										
DIERKS, N 5688 W CF			Street Address		s (P.O. Box Number is Not Acceptable)					
#200 TAMPA, FL 33634										
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9 The shove	named entit	v submits this statement i	or the purpose of changing its	register	ed office or regis	stered agent or bot	h in the State of Flo		and accept	
8. 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. I am familiar with, and accept the obligations of registered agent.										
14/1/5										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.									, F.S., the notice.	
10.		OFFICERS AN	D DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	RS IN 11	
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NAME	DIERKS, MILES M SR			: NAME		7.5)QO515	63787 **\50	00	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:										
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Date										