

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000071609

1. Entity Name
ALERT SECURITY BY KISER GROUP, INC.



APPROVED
AND
FILED

04 NOV 15 AM 11:43

SECRETARY OF STATE
FLORIDA



Principal Place of Business
1041 N WOODS ROAD
WATKINSVILLE, GA 30677

Mailing Address
1041 N WOODS ROAD
WATKINSVILLE, GA 30677

2. Principal Place of Business

3. Mailing Address

485 Huntington Rd

485 Huntington Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 197

Suite 197

City & State
Athens, GA

City & State
Athens, GA

Zip
30606

Country
USA

Zip
30606

Country
USA

10292004 REIN-P CR2E098 (6/04)

4. FEI Number
65-1195562

Applied For
Not Applicable

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

MOXLEY, JOHN
C/O JOHN MOXLEY, P.A.
2320 NE 2ND STREET STE 4
OCALA, FL 34470

Name
John Moxley

Street Address (P.O. Box Number is Not Acceptable)
John Moxley, P.A.

2320 NE 2nd St. Suite 4

City
Ocala,

FL

Zip Code
34470

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:

SIGNATURE *John Moxley*
Signature, typed or printed name of registered agent and is not applicable.

John Moxley

11/1/04

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D
KISER, PAUL J
STREET ADDRESS
1041 N WOODS ROAD
CITY-ST-ZIP
WATKINSVILLE, GA 30677

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

REINSTATEMENT 04

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☐ Change ☐ Addition

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11/30/04--01056--015 ***150.00

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: *Jack Kiser* JACK KISER CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/04

Date

Daytime Phone #