

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 04



10282004 REIN-P CR2E098 (6/04)

**DOCUMENT # P03000109409**

1. Entity Name  
**COMPLETE PROTECTION ALARMS, INC.**



Principal Place of Business  
**3438 EASTLAKE RD.  
BOX 14690  
PALM HARBOR, FL 34655**

Mailing Address  
**3438 EASTLAKE RD.  
BOX 14690  
PALM HARBOR, FL 34655**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number ☒ Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**SOWDER, ARNOLD R  
3438 EASTLAKE ROAD  
BOX 14690  
PALM HARBOR, FL 34685**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 Arnold R. Sowder DATE 10/26/2004

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 STREET ADDRESS CITY - ST - ZIP	<b>PRES SOWDER, ARNOLD R 3438 EASTLAKE RD # 14690 PALM HARBOR, FL 34685</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900042355389 11/01/04--01060--010 **150.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V.P. SOWDER, DALE E SR. 3438 EASTLAKE ROAD #14690 PALM HARBOR, FL 34685</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SEC. SOWDER, GILBERT 3438 EASTLAKE RD. #14690 PALM HARBOR, FL 34685</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Arnold R. Sowder DATE 10/26/2004 DAYTIME PHONE # 727-375-2205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR