2004 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT							¢lĩ ED			
DOCUMENT # P03000109409 1. Entity Name COMPLETE PROTECTION ALARMS, INC.							OL NOV - 1 PM 3: 11			
Principal Plac	e of Business		Mailing Address			†	SECRETARY TALLAHASSE	E, FLORIDA		
3438 EASTL		3438 EASTLAKE RD.				CTATE	MENT	04		
BOX14690 PALM HARBO	OR, FL 3469	65	BOX14690 Palm Harbor, FL 34655			135	OP.	TABLE DO	(a)	
2. Principal P	lace of Busin	ess	3. Mailing Address							
·							I MATRO (1915 MAJRI AMII AMII	DI ILUMI UMBAN MANIN	(M (#)(M#) () (M#)	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			10282004	REIN-P	CR2E098 (6/0	04)	
City & State			City & State			4. FEI Numb	er	×	Applied For Not Applicable	
Zip	Country		Zip	Zip Country		5. Certificate	of Status Desired	□ \$8.75 Fee Req	Additional	
	6. Name	and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent					
					Name					
SOWDER, ARNOLD R 3438 EASTLAKE ROAD					Street Address (P.O. Box Number is Not Acceptable)					
BOX 14690 – FALM HARBOR, FL 34685										
					City FL Zip Code					
The above named entity submits this statement for the purpose of changing its registered office or registered as							th, in the State of Flo		rith, and accept	
the obligations of registered agent.										
SIGNATURE Signature. Typed or printed name of registered agent, at title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
policy production of the policy production of										
FILE NOWIII FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2005, Fee will be \$300.00 corporation did not receive the prior notice.										
10,		OFFICERS AND I	DIRECTORS	11.		ADDITIONS		ICERS AND DIRECT		
TITLE	PRES		☐ Delete	TITL	- 1			☐ Chan		
NAME STREET ADDRESS	1	, ARNOLD R TLAKE RD # 14690		NAME Street address		9	00042:	355389	a '	
CITY-ST-ZIP	├ ──	RBOR, FL 34685	······································	CITY-ST-ZIP		1170	1/040106	355389 0010 **1	50.00	
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STREET ADDRESS		TLAKE ROAD #14690		STREET ADDRESS						
CITY-ST-ZIP TITLE	PALM HA	RBOR, FL 34685		-	-ST-ZIP					
NAME	SOWDER, GILBERT		Delete	TITLE NAME				☐ Chan	ige 🗌 Addition	
- STREET ADDRESS CITY - ST - ZIP	1	TLAKE RD. #14690 RBOR, FL 34685	-		ET ADDRESS -ST-ZIP		F	•		
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NAME STREET ADDRESS	<u> </u>			NAM STRE	ET ADDRESS				}	
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TITLE NAME			Delete	TITL	1			☐ Chan	ge Addition	
STREET ADDRESS	}			STRI	EET ADDRESS					
CITY-ST-ZIP TITLE	4.	 	Delete :	CITY	-ST-ZIP			☐ Chan	ann D Addition	
NAME	13: 4:	• • •	Deliae .	NAM	E T	•		C CHAI	ige Addition	
STREET ADDRESS CITY-ST-ZIP			ET ADDRESS -ST-ZIP			ځوادين وادين	Signifiq)			
12. I hereby	certify that the	e information supplied with	this rung does not qualify for	the exe	mption stated in S	ection 119.07(3)	(i), Florida Statutes.		<u> </u>	
12. I hereby certify that the information supplied with this fing 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 supplied that report is truy 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 of truy face employed 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 a yladdless, with all other like empoyered.										
SIGNATURE: 1/1/1/2004 727-375 2205										
		achmeni with aryacoresa, w	In all other like empowered.			inhala-	n. L 2	1 32 0	105	