

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000037765 1. Entity Name FIRST DETECTION SYSTEMS OF FLORIDA, INC.						06 FEB -7 AM 11:15 STATE OF FLORIDA REINSTATEMENT 05206	
Principal Place of Business 13030 SAN DIEGO WOODS LANE ORLANDO, FL 32824 US				Mailing Address 13030 SAN DIEGO WOODS LANE ORLANDO, FL 32824 US			
2. Principal Place of Business 10111 No. W. 53rd ST				3. Mailing Address 10111 No. W. 53rd ST			
Suite, Apt. #, etc. 				Suite, Apt. #, etc. 			
City & State SUNRISE FL				City & State SUNRISE FL			
Zip 33351		Country USA		Zip 33351		Country USA	
6. Name and Address of Current Registered Agent HENRY, WILLIAM E 13030 SAN DIEGO WOODS LANE ORLANDO, FL 32824				7. Name and Address of New Registered Agent Name MICHAEL MASON Street/Address (P.O. Box Number is NOT Acceptable) 16105 No. FLORIDA AVE City LUTZ FL 33549			
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: 1/31/06 <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	NAME HENRY, WILLIAM E	<input checked="" type="checkbox"/> Delete	TITLE	PRES	NAME MICHAEL ROBSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		13030 SAN DIEGO WOODS LANE		STREET ADDRESS		124 W. LINCOLN AVE	
CITY - ST - ZIP		ORLANDO, FL 32824		CITY - ST - ZIP		MT. VERNON N.Y. 10550	
TITLE			<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME			
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CITY - ST - ZIP				CITY - ST - ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:				1/31/06 Date			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							