2006 FOR PROFIT CORPORATION

RĘINSTATEMENT							" , ! ;	10		
DOCUMENT # P04000037765						0£ EE	י די ס:			
1. Entity Name FIRST DETECTION SYSTEMS OF FLORIDA, INC.				, U		06 FEB -7 AM 11: 15			5	
						Side, TALL:		MAT	E	
Principal Place of Bus		Mailing Address			TO THE		יי. מבורו נגי	, rilorie)A a(/_	
13030 SAN DIEGO V ORLANDO, FL 3282		13030 SAN DIEGO WOOD ORLANDO, FL 32824)S LANE US		M11217	清金百姓月度	W.SIJW		15406	
				EIH 10 101 1110 101	 40 1000 0100 0100	TETETE				
2. Principal Place of	Business 53 WST	3. Maiting Address	1/5	376						
Suite, Apt. #, etc.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Suite, Apt. #, etc.		<u> </u>	6130200	6 REIN-P	CR2E0	98 (11/05)		
City & State	o, El	City-à-State	FI	7	4. FEI Nu	7-108	 リノて		optied For	
250707	Country	Zip 2 2 3 5 1	County	15/1	5. Certific	ate of Status Desired		\$8.75 Add		
3335/	lame and Address of Current F	7. Name and Address of New Registered Agent								
Name MIChap/ MACON										
HENRY, WILLIAM E 13030 SAN DIEGO WOODS LANE					Street/Address & O-Box Murhiber is 1907 (Copplable)					
ORLANDO, FL 32824						01 770710	<u> </u>			
City					2012	<u> </u>	FL	Z1333	549	
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.										
· March (1/1/1200)										
SIGNATURE (MOTE: Registered Agent alignature required when reinstatting) OATE										
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FILE NO	Will FEE IS \$900.00					-				
10.	OFFICERS AND D		11.		ADDITIO	NS/CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11	
TITLE P	RY, WILLIAM E	D Oelete	TITLE		MICKAEL	Robson	_	Change	Addition	
STREET ADDRESS 13030	SAN DIEGO WOODS LAN	E		ADORESS	124 M	LINCOIN	Ave	7		
	NDO, FL 32824		CITY-ST	I-ZIP	ATT. VEFNIN	V N.Y.	10550			
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STREET ADDRESS OITY+ST-ZIP			STREET I	ADDRESS 1 - ZIP	03/	100067 09/060102	459: 2008	461 **900	nn	
TITLE		☐ Delete	TITLE						Addition	
NAME STREET ADDRESS			NAME STREET	ADORESS	Derried	2055 W 534 S FL 33	7			
CITY-ST-ZIP			CITY-ST	-ZIP	SUNTISE	FL 33	351			
TITLE		☐ Delete	TITLE					Change	Addition	
NAME STREET ADDRESS			NAME STREET A	ADDRESS						
CITY-ST-ZIP			CITY-ST	- ZIP						
TITLE NAME		☐ Delete	TITLE NAME					Change	Addition	
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NAME			NAME	ŀ				change	- Addition	
STREET ADDRESS City-St-Zip			STREET A						i	
	at the information supplied with t	his litting does not qualify for the			tained in Chapter	19, Florida Statutes.	I further certi	ty that the in-	formation	
12. Thereby certify that the information supplied with this bind 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 releviver or trustee emowered 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 attachmed with an address, with all other like empowered.										
SIGNATURE: //31/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylotte Phone :										