

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000009396

1. Entity Name
PREMIER FIRE ALARMS & SECURITY CONSULTANTS,
INC.



Principal Place of Business
8834 S ISLES CIRCLE
TAMARAC, FL 33321

Mailing Address
8834 S ISLES CIRCLE
TAMARAC, FL 33321

FILED
08 OCT 13 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08



10092008 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #

4970 SW 525+
Suite, Apt. #, etc.
312

3. Mailing Address

4970 SW 525+
Suite, Apt. #, etc.
312

City & State

DAVIE, FL

City & State

DAVIE, FL

Zip

33314

Country

USA

Zip

33314

Country

USA

4. FEI Number

01-1585708

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

HAIMAN, MATTHEW T
8834 S ISLES CIRCLE
TAMARAC, FL 33321

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, 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
D
HAIMAN, MATTHEW T
8834 S ISLES CIRCLE
TAMARAC, FL 33321 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900136872084
10/13/08--01043--007 **\$150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/14