

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000021172

FILED  
Apr 19, 2009  
Secretary of State

Entity Name: ACCESS VIDEO SECURITY SPECIALIST, INC.

**Current Principal Place of Business:**

462 SW NAFTAL PLACE  
PORT ST LUCIE, FL 34953 US

**New Principal Place of Business:**

**Current Mailing Address:**

462 SW NAFTAL PLACE  
PORT ST LUCIE, FL 34953 US

**New Mailing Address:**

FEI Number: 61-1483484

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

ALICME, MESHA  
462 SW NAFTAL PLACE  
PORT ST LUCIE, FL 34953 US

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.

SIGNATURE: MESHA ALCIME

04/19/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KNOWLES, PATRICK L  
Address: 462 SW NAFTAL PLACE  
City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: D ( ) Delete  
Name: ALCIME-KNOWLES, MARY  
Address: 462 SW NAFTAL PLACE  
City-St-Zip: PORT ST LUCIE, FL 34953 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK KNOWLES

P

04/19/2009

Electronic Signature of Signing Officer or Director

Date