

2007 FOR PROFIT CORPORATION REINSTATEMENT

| | |
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| DOCUMENT # P05000115757 | |
| 1. Entity Name YARD SENTRY, INC. | |



FILED

07 NOV -6 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature/initials



REINSTATEMENT 2007

| | |
|---|---|
| Principal Place of Business 1365 TAMARIND WAY BOCA RATON, FL 33486 US | Mailing Address 1365 TAMARIND WAY BOCA RATON, FL 33486 US |
|---|---|

| | | | |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|------------------------------------|--|
| 4. FEI Number 11-3757267 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

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|--|--|
| 6. Name and Address of Current Registered Agent SAMPLE, WILLIAM C 1365 TAMARIND WAY BOCA RATON, FL 33486 | |
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| | |
|--|----------|
| 7. Name and Address of New Registered Agent | |
| 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 _____ | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|-----------------|--|------------|

| | |
|--|--|
| FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00 | |
|--|--|

| | | | |
|--|--|---|---|
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | CEO SAMPLE, WILLIAM C 1365 TAMARIND WAY BOCA RATON, FL 33486 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | COO SULLIVAN, DEREK I 1365 TAMARIND WAY BOCA RATON, FL 33486 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

400112028804
11/06/07--01011--009 **750.00

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: _____ | 10-22-07 | 561-445-7126 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone # |