

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000117477

**FILED**  
**Feb 09, 2010**  
**Secretary of State**

**Entity Name:** FIRE SYSTEMS INTEGRATORS, INC.

**Current Principal Place of Business:**

3881 N US #1  
COCOA, FL 32926

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 10  
SHARPES, FL 32959

**New Mailing Address:**

**FEI Number:** 20-5529188

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CLAUNCH, ROBERT M  
3881 N US #1  
COCOA, FL 32926 US

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

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:** ROBERT M CLAUNCH

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:** D  
**Name:** MENDEZ, SALVADOR M  
**Address:** 3881 N US 1  
**City-St-Zip:** COCOA, FL 32926

**Title:** D  
**Name:** CLAUNCH, ROBERT M  
**Address:** 620 JAVA RD  
**City-St-Zip:** COCOA BEACH, FL 32931

**Title:** D  
**Name:** KARASEVICH, STEVEN J  
**Address:** 4480 NORTH TROPICAL TRAIL  
**City-St-Zip:** MERRITT ISLAND, FL 32953

I hereby 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 all other like empowered.

**SIGNATURE:** ROBERT M CLAUNCH

PRES

02/09/2010

Electronic Signature of Signing Officer or Director

Date