

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 DEC 23 PM 4:28

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P06000137007**

1. Corporation Name

**ALERTSUSA, INC.**

2. Principal Office Address - No P.O. Box #

**2600 Collins Avenue**

Suite, Apt. #, etc.

**#202**

City & State

**Miami Beach, Florida**

Zip

**33140**

Country

3. Mailing Office Address

**P.O. Box 2621**

Suite, Apt. #, etc.

City & State

**Miami Beach, Florida**

Zip

**33140**

Country

**7. Name and Address of Current Registered Agent**

Name

**SPIEGEL & UTRERA, P.A.**

Street Address (P.O. Box Number is Not Acceptable)

**1840 Southwest 22nd Street**

Suite, Apt. #, Etc.

**4th Floor**

City

**Miami**

State  
**FL**

Zip Code

**33145**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

**SPIEGEL & UTRERA, P.A.**

Registered Agent By:

**Natalia Utrera, Vice President** REGISTERED AGENT MUST SIGN

Date

**12-18-08**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	Aukstakalnis, Steven	2600 Collins Avenue, #202	Miami Beach, Florida 33140

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Steven Aukstakalnis, President**

Date

**12/15/2008**

Daytime Phone #

**305 992 5944**

300139250003  
12/24/08--01003--004 \*\*300.00

**REINSTATEMENT**

**07-08<sup>KS</sup>**

4. Date Incorporated or Qualified To Do Business in Florida

**10/27/2006**

5. FEI Number

**22-3945843**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.