

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000127282

Entity Name: AMERICAN GUARDIAN SYSTEMS 2000, INC.

FILED  
Oct 29, 2008  
Secretary of State

**Current Principal Place of Business:**

528 S. NORTHLAKE BLVD. SUITE 1000  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

528 S. NORTHLAKE BLVD. SUITE 1000  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

FEI Number: 80-0159157      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

STEWART, DAVID  
13932 CLUBHOUSE DRIVE  
TAMPA, FL 33618 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: DAVID STEWART

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: DP ( ) Delete  
Name: SCONNELLY, CARL  
Address: 528 S. NORTHLAKE BLVD. SUITE 1000  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D ( ) Delete  
Name: SCONNELLY, HEATHER  
Address: 528 S. NORTHLAKE BLVD. SUITE 1000  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: DS ( ) Delete  
Name: FREEDLUND, ROGERS P JR  
Address: 800 E. ROOSEVELT RD E300  
City-St-Zip: GLEN ELLYN, IL 60137

Title: DVP ( ) Delete  
Name: FISHER, WILLIAM G  
Address: 800 E. ROOSEVELT RD E300  
City-St-Zip: GLEN ELLYN, IL 60137

Title: DT ( ) Delete  
Name: STEWART, DAVID  
Address: PO BOX 341978  
City-St-Zip: TAMPA, FL 33624

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

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

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

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

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: CARL SCONNELLY

DP

10/29/2008

Electronic Signature of Signing Officer or Director

Date