


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

01 FEB -5 PM 2:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P19004**

1. Corporation Name

INTER-ACTIVE SECURITY, INC.

2. Principal Office Address 38500 WOODWARD AVE.		3. Mailing Office Address 38500 WOODWARD AVE.	
Suite, Apt. #, etc. SUITE 100		Suite, Apt. #, etc. SUITE 100	
City & State BLOOMFIELD HILLS, MI		City & State BLOOMFIELD HILLS, MI	
Zip 48304	Country USA	Zip 48304	Country USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 5/3/88	
5. FEI Number 38-2498988	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name **Sanford Siporin**
INTER-ACTIVE SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)
1000 ~~CLINT MOORE ROAD~~

Suite, Apt. #, Etc.
SUITE 108

City

BOCA RATON

State
FL

Zip Code
33487

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
Registered Agent

REGISTERED AGENT MUST SIGN

Date **1/30/01**

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
PRES DIR	SANFORD SIPORIN	1000 CLINT MOORE RD., STE 108	BOCA RATON, FL 33487
SEC	Kenneth H. Gold	38500 Woodward Ave., Ste. 100	Bloomfield Hills, MI 48304

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 under section 119.07(3)(i), 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

JANUARY **30**, 2001 (561) 998-9561

Date

Daytime Phone #

CR2E081 (9/99)