PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. APPROVEO, FLORIDA DEPARTMENT OF STATE CORPORATION **Katherine Harris** REINSTATEMENT Secretary of State 00 OCT -9 PH 12: 02 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE. FLORIDA DOCUMENT # P29713 Burton, Adams, Kemp & King, Inc. 3. Mailing Office Address 2. Principal Office Address REINSTATEMENT 99-00 5510 Six Foks Rd Suite, Apt. #, etc. Tyco International (US) Inc. Date Incorporated or Qualified State Tax Dept. 8th Floor 7,1990 To Do Business in Florida June One Town Center Rd. City & State Applied For 5. FEI Number P.O. Box 5035 Kaleigh 56-0889601 Not Applicable Boca Raton, FL 33431-0835 6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status Country. usA 27609 7. Name and Address of Current Registered Agent CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Plantation, FL 33324 Suite, Apt. #, Etc. *--*1-1-701-700---01104---**02** 8. I, being appointed the registered agent of the above named corporation, am familiar with and accent the obligations of section 607.0505 or 617.0503, F.S. SPEC ASSISTANT SECRETARY Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each City / State / Zip Titles Officer and/or Director 90802 100 W. Broadway Pres. Diane C. Creel Gricet one Town Center Rd Scott Stevenson Secretary Charles Alpert Diector reighton Early Drector Soca Katon F 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

Scott Stevenson Vice President/Asst. Treasurer

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

SIGNATURE:

9/13/00/ (561) 988-7823 Date Daytime Phone #