

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 28 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000012413

1. Corporation Name

BEST ALARM SYSTEMS, INC.

Principal Place of Business

8441 SW 78TH ST
MIAMI FL 33143

Mailing Address

8441 SW 78TH ST
MIAMI FL 33143
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

02/14/1994

5. FEI Number

65-0469619

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	PORTUONDO, JULIO E	8441 SW 78 ST	MIAMI FL 33143
V	LOPEZ, JOSE A	5251 SW 7TH ST	MIAMI FL
VS	PORTUNDO, MARIA D	8441 SW 78 ST	MIAMI FL 33143

700008603987
10/28/02--01022--006 **158.75

R 10/31

8. Name and Address of Current Registered Agent

PORTUONDO, JULIO E
8441 SW 78TH ST
MIAMI FL 33143

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-24-02

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Julio E Portuondo
President.

Date

10-24-02

Daytime Phone #

305-279 1107

CR2E040 (8/02)

BEST ALARM SYSTEMS, INC.
D/B/A SOUTHERN ALARM & SECURITY SYSTEMS

8441 S.W. 78 STREET
MIAMI, FL 33143-3735

TEL 305.279.1101
FAX 305.279.6266

October 24, 2002

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

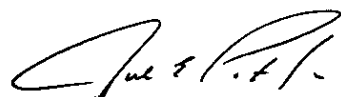
Dear Sir:

This is to inform you that we did not receive the UBR notices for this year. Please accept our application for reinstatement. Also note the attached check in the amount of \$158.75.

If you have any questions, please feel free to contact us.

Thanking you in advance for your cooperation in this matter.

Sincerely,



Julio E. Portuondo
President