

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 31 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000012413**

1. Corporation Name

BEST ALARM SYSTEMS, INC.

REINSTATEMENT 03-04



300031512033

03/30/04--01055--006 **317.50

Principal Place of Business Mailing Address
8441 SW 78TH ST 8441 SW 78TH ST
MIAMI FL 33143 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 3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
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

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

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

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]* Date 3-25-04
REGISTERED AGENT MUST SIGN

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]* Julio E Portuondo 3-25-04 305-279-1101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)

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

March 25, 2004

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

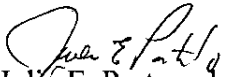
Dear Sir:

This is to inform you that we did not receive the UBR notices for the year 2003 and for this current year. Please accept our application for reinstatement. Also note the attached check in the amount of \$317.50.

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