

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR REINSTATEMENT</p> <p style="text-align: center;">FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS</p>	<p style="text-align: center;">DO NOT WRITE IN THIS SPACE</p> <p style="text-align: center; font-size: 2em; font-weight: bold;">FILED</p> <p style="text-align: center;">97 FEB -5 PM 2:46</p> <p style="text-align: center;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>
--	---

Read Instructions on Other Side Before Making Entries
Make Check Payable To: **Department of State**

1. Name and Mailing Address of Corporation: **DOCUMENT # P94000065365**

SECURITY NETWORK, INC
18761 WEST DIXIE HIGHWAY # 209
NORTH MIAMI BEACH, FL 33180

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address: **REINSTATEMENT 96**

City and State: _____ Zip Code: *AD*

3. If Principle Office Address is different from mailing address, enter address below:

Address: _____

City and State: _____ Zip Code: _____

4. Date Incorporated or Qualified To Do Business in Florida: <i>8/31/94</i>	5. FEI Number: <i>59-1326467</i>	FEI Number Applied For: _____	6. \$8.75 Additional Fee required for a Certificate of Status
		FEI Number Not Applicable: _____	CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<i>P/D</i>	<i>BRUNO VAN MOERKERKEN</i>	<i>18761 W DIXIE HWY SUITE 209</i>	<i>N. MIAMI BEACH, FL 33180</i>

8. Name and Address of Current Registered Agent

BRUNO VAN MOERKERKEN
18761 W DIXIE HWY # 209
NORTH MIAMI BEACH, FL 33180

9. If changed, new registered agent / office

Name: _____

Street Address (Do NOT Use P.O. Box Number): _____

Street Address (Do NOT Use P.O. Box Number): _____

City: _____ State: **FL.** Zip: _____

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.

Signature of Registered Agent: *[Signature]* Date: *2/1/97*

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: *[Signature]* Date: *2/1/97* Daytime Phone #: _____

Typed or printed name of signing officer or director: *BRUNO VAN MOERKERKEN*

CR25040 (8/92)