PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

96 OCT 3 1 AM 8: 47

SECRETARY OF STATE

DOCUMENT #

P95000023855

1. Corporation Name

FIRST RESPONSE SECURITY, INC

FIRST RESPONSE SECURITY, INC.						[ALIATANNE]		
rincipal P	Place of Busine	SS	Mailing Addi	ress		-		
5453 EAGLE DRIVE 5453			•	EAGLE DRIVE II BEACH GARDENS FL 33418				
، مرمطه ال	nddenna an i			_4				
		ddress, If Applicable		information and enter correction below. ling Office Address, If Applicable		To Do Business in Florida		
Suite, Apt. #, etc. Suite, Apt.				#, etc.		WEV ISO		
City & State City & 5			City & State	itate		5. FEI Numbe	Applied For Not Applied For	
Zip Country			Zip	Zip Country		6. CERTIFICATE OF STATUS DESIRED		
Names	and Street Add	tresses of Each Officer ar	id/or Director (Flo	rida nonorofit co	processions must list at le	ast 3 directors)		
Title(s)	Name of Officers and/or Directors			Street Address of Eac		h at	CONTROL OF THE PARTY AND THE P	
metal	2	2		Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)		Numbers)	City / State / Zip	
P	KETCHEN	IS, WILLIAM		5453 EAGLE DE			PAIN BEACH GARDENS FL 33418	
T	Parks, Patricia		· · · · · · · · · · · · · · · · · · ·	5453 Eagle Drive			Palm Beach Gardens FL	
•								
	 			 		30	A STATE OF THE STA	
							-11/07/9601005004 ****383.75 ****383.75	
·-··					:		JB174-96	
	8. Nam	and Address of Currer	nt Registered Age	ent	Name A	9. Name and /	Address of New Registered Agent	
AMERILAWYER 343 ALMERIA AVE. CORAL GABLES FL 33134					Street Address (A. Julia Graves Esquire Streel Address (P.O. Box Number is Not Acceptable)		
			····	City COBECO State Zp Code Coration, am familiar with and accept the obligations of Section 607,0505, F.S.				
gnature o	of /	2 lulion o		SEC	JUIRED	ioligations of Secti	00 607,0505, F.S.	
1. Do	pes this c	corporation pay	any intang 3. 199.032,	jible tax to Florida S	o the statutes. Yes	⊠ No □	(See other side for information on interoptie tax.)	
2. I certify this rein owed by	y that I am an o nstatement app by the corporati	fficer or director or the rec	elver or trustee er solution has been e names of individ	mpowered to exe eliminated, the fuals listed on th	ecute this application as a corporate name satisfies its form do not qualify for	provided for in cha the requirements an exemption un	of section 607.0401 or 617.0401; F.S. that when filling of section 607.0401 or 617.0401; F.S. that all feee der section 119.07(3)(i), F.S. The information indicated	
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SIGNATURE:

WICHWALL KE THAT I TO BIGNATURE AND TYPED OR PRINTED HAME OF BIGNATURE AND TYPED OR PRINTED HAME OF BIGNANG OFFICER OR DIRECTOR

9/25/96 (561) 627-1716