

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING APPLICATION

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. ...
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 JAN 23 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000030405

1. Corporation Name

SIGALARM, INC.

Principal Place of Business

Mailing Address

707 MULLET DR.
CAPE CANAVERAL, FL.
32920

707 MULLET DR.
CAPE CANAVERAL, FL.
32920

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

4. Date Incorporated or Qualified
To Do Business in Florida

04/13/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3330880

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PTSD	FRANKLIN D. WOOD	346 JACK DR.	COCOA BEACH, FL. 32931

800002067668--2
-01/24/97-01047-013
****208.75 ****208.75

12/26/97

8. Name and Address of Current Registered Agent

FRANKLIN D. WOOD
346 JACK DR.
COCOA BEACH, FL. 32931

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.

Signature of
Registered Agent

Franklin D. Wood

REGISTERED AGENT MUST SIGN

Date 1-8-97

11. 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.)

12. 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.

FRANKLIN D. WOOD

SIGNATURE:

Franklin D. Wood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-97

Date

(407) 783-2006

Daytime Phone #

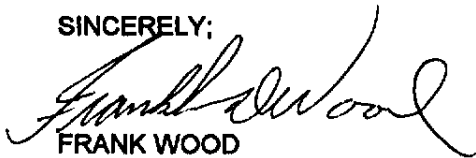
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JANUARY 8, 1997

TO WHOM IT MAY CONCERN;

REGARDING MY TELEPHONE CONVERSATION ON 1/07/97 WITH STACEY PRATHER,
ENCLOSED PLEASE FIND A CHECK FOR \$208.75 FOR THE REINSTATEMENT OF
SIGALARM, INC. FOR THE TAX YEAR 1996, AND THE CERTIFICATE OF STATUS. THE
1997 ANNUAL REPORT WILL BE FILED BY MAY 1, 1997.

SINCERELY;



FRANK WOOD
PRESIDENT
SIGALARM, INC.