

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

95 NOV -4 AM 11: 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PA50000038350  
1. Corporation Name  
ALARMAX, INC.

Principal Place of Business Mailing Address  
8550 WEST FLAGLER ST. Suite 102.  
Miami - FL - 33144.

600001938936--1  
-11/07/96--01042--021  
\*\*\*375.00 \*\*\*375.00

DO NOT WRITE IN THIS SPACE

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 Address, if Applicable  
19411 NW 7ST  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida  
5-15-95

5. FEI Number  
65-0608 707 Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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               |
|-------------|-------------------------------------|---------------------------------------------------------------------------------------|------------------------------------|
| <u>PT/D</u> | <u>ANDRE MARTINEZ</u>               | <u>19411 N.W 7 ST</u><br><u>Rembroke Pines - Fla.</u>                                 | <u>Rembroke Pines - FL - 33029</u> |
| <u>V</u>    | <u>NIDIA ELENA MARTINEZ</u>         | <u>19411 NW 7ST.</u>                                                                  | <u>Rembroke Pines FL - 33029</u>   |
| <u>S</u>    | <u>ANTONIO RODRIGUEZ</u>            | <u>8550 WEST FLAGLER ST.</u><br><u>Suite 102</u>                                      | <u>Miami - FL - 33144</u>          |
|             |                                     |                                                                                       |                                    |
|             |                                     |                                                                                       |                                    |
|             |                                     |                                                                                       |                                    |

**REINSTATEMENT**

8. Name and Address of Current Registered Agent  
Manuel Rodriguez  
8550 WEST FLAGLER ST. Suite 102.  
Miami - FL - 33144

9. Name and Address of New Registered Agent  
Name NIDIA ELENA MARTINEZ  
Street Address (P.O. Box Number is Not Acceptable)  
19411 NW 7ST.  
Suite, Apt. #, Etc.  
City Rembroke Pines State FL Zip Code 33029

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 11/2/96.  
REGISTERED AGENT MUST SIGN

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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: [Signature] ANDRE MARTINEZ Date 11/2/96 (954) 435-1118  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytona Phone #