PLEASE READ A	ALL INSTRU	JCTIONS BEFORE C	OMPLETI	NG THIS FORM.		
APPLICATION FOR .	San	DEPARTMENT OF STATE andra B. Mortham ecretary of State		APPRO AND FILE	YED, O	
REINSTATEMENT		ON OF CORPORATIONS		97 184 -C D	M:t.om	
DOCUMENT # P95000065243 1. Corporation Name			97 JAN -6 PM 1:35			
ALARM SUPPLY INTERNATIO		SECRETARY OF STATE TALLAHASSEE, FLORIDA				
ALARIVI SUPPLY INTERNATIONAL INC.				, .	mo/ 11.5/1	
Principal Place of Business	Mailing Address			isir ildəni məliyə düttik anılık dakklı üğlidi. Aktı	IL BUCKE KURIE BERAND TUTK IN BY	
1757 WAKEENA DR MIAMT FL 33133						
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If above addresses are incorrect in any way, line through incorrect information and enter correct 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable			4. Date incorpo	prated or Qualified		
8252 N.W. 70 St. Suite, Apt. #, etc.	W.W. 70 St. SAME Suite, Apt. #, etc.			_ 	23/1995	
City & State City & State			5. FEI Number	1 6 (1211V)		
MIAMI TI		Country	6.	\$8.75	Not Applicable Additional Fee required	
<u>33166</u>			<u> </u>	OF STATUS DESIRED	a Certificate of Status	
7. Names and Street Addresses of Each Officer and/	or Director (Florida i	nonprofit corporations must list at lea Street Address of Each				
Title(s) and/or Directors		Officer and/or Director (Do NOT Use Post Office Box N	lumbers)	City / State / Zip		
D DEL PINO, DIEGO R		1757 WAKEENA DR		MIAMI FL 33133		
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			41	4000020513749 -01/08/9701116012		
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				NOTATEMENT 1001		
			WOIR EVIEW 199			
8. Name and Address of Current Registered Agent			S Name and A	ddress of New Registered Ag	Me May	
	Name	or Hume and A	dalaas of Nati Hogistes ou Ag			
MCCORMICK, ARTHUR F IV	Street Address (F	Street Address (P.O. Box Number is Not Acceptable) Stille, Apt. #. Etc.				
7550 RED RD SUITE 203			ite, Apt. #, Etc.			
S MIAMI FL 33143	City	ity State Zip Code				
10. I, being appointed the egistered agent of the about	/e named compretio		olinations of Spotia	FL		
Signature of		m, am amina with and accept the or	ວາເຕີສແດນຈີ ວ່າ ວອດແຕ	12 /	la.	
Registered Agent RE	GISTERED AGENT	MUST SIGN		Date /2/20/	76	
11. Does this corporation pay a	ny intangible	e tax to the		(See other side f		
Dept. of Revenue under S. 199.032, Florida Statutes. Yes U No 🗵						

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #