

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000065243

1. Corporation Name

ALARM SUPPLY INTERNATIONAL INC.

Principal Place of Business

8252 N.W. 70 STREET
MIAMI FL 33166

Mailing Address

8252 N.W. 70 STREET
MIAMI FL 33166

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

08-99

4. Date Incorporated or Qualified To Do Business in Florida

08/23/1995

5. FEI Number

65-0613486

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
VP	DEL PINO, DIEGO R	C/O EDGEWATER DR, ATP. 1211	CORAL GABLES FL
P	DEL PINO, ERIC	1757 WAKEENA DRIVE	MIAMI FL
VP	DEL PINO, DIEGO	5771 S.W. 11ST	MIAMI FL

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****908.75 ****908.08

DB2-4-99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCGORMICK, ARTHUR F-IV

7550 RED RD

SUITE 203

S MIAMI FL 33143

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

DEL PINO, DIEGO R
8252 N.W. 70 ST
MIAMI
MIAMI

FL

33166

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

REGISTERED AGENT MUST SIGN

Date

2/3/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature]

2/3/99

591-0006

CR2E040 (9/98)