PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. APPROVED # PLICATION FLORIDA DEPARTMENT OF STATE **FOR DIVISION OF CORPORATIONS** REINSTATEMENT OCUMENT # 1960000 53203 CORPORATION NAME

ALL SECURITY SYSTEMS, INC. 98 FEB 10 AMII: 31 DOCUMENT # SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name Principal Place of Business
780 NW LE Jeune Rd
Swite 516
Miami, FL 33/26 780 NW Le Jeune Rd Svite 516 Miani FL 33126 If above addresses are incorrect in any way, line through incorrect information and enter correction below DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified To Do Business in Florida 3. New Principal Office Address, If Applicable 2. New Mailing Address, If Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number City & State City & State \$8.75 Additional Fee required Country Country for a Certificate of Stalus 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each City / State / Zip Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) FRANCO GIANNAHASIO 7302 NW 34 Street Mani, FL 33/22 200002429282---**1** -02/12/38--01034--015 REINSTATEMENT 97 -02/12/38---01/934 ****750.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent AURETIO A. Predra, CPA 780 NW LE Jeune Pd Name Street Address (P.O. Box Number is Not Acceptable) Suite 516 Ricui, FL 33126 Suite, Apt. #, Etc. 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 AUREITO A. ACOTO REGISTERED AGENT MUST SIGN 11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box 12. Does this corporation pay any intangible tax to the (See other side for information Yes L Dept. of Revenue under S. 199.032, Florida Statutes. on intangible tax.) 13. I do hereby certify that the information supplied with this filing is voluntarily turnished 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 to 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 find. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. 12/11/17 (305)443-7122

SIGNATURE: