PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORWED FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FOR Secretary of State REINSTATEMENT 1997 OCT 27 PM 3: 51 **DIVISION OF CORPORATIONS** P96000068275 **DOCUMENT #** SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name SECURITY COMMUNICATIONS, INC. Mailing Address Principal Place of Business €2455-E-SUNRISE-BLVD.----€__-P.O. BOX 7375 SUITE 411 FORT LAUDERDALE FL 33338-7375 FORT LAUDERDALE FL 33304 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable Date incorporated or Qualified To Do Business in Florida 2. New Principal Office Address, If Applicable 08/14/1996 Sulte, Apt. #, etc. 5. FEI Number Applied For City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers City / State / Zip Title(s) and/or Directors 1201 S.E. 13 July 1 1100023333191 -10/29/97--01116--017 Alliene Rapers Corrent Registered Agent 8. Name and Address 9. Name and Address of New Registered Agent Name FRIEDLANDER, SHERRY Street Address (P.O. Box Number Is Not Acceptable) 2455 E. SUNRISE BLVD. **SUITE 411** Suite, Apt. #, Etc. FORT LAUDERDALE FL 33304 City State Zip Code registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S 10. I, being appointed the Signature of Registered Agent Date 11. This corporation/owes or has paid the current year (See other side for information on Intangible tax.) Intangible Personal Property tax due June 30. Yes 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 half 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.

D NAME OF SIGNING OFFICER OR DIRECTOR

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