

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 30 PM 5:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000078772

1. Corporation Name
AAA Security and Automation, Inc

2. Principal Office Address
175 N Cleary Rd

3. Mailing Office Address
175 N Cleary Rd

Suite, Apt. #, etc.
A5

Suite, Apt. #, etc.
A5

City & State
West Palm Beach, FL

City & State
West Palm Beach, FL

Zip
33413

Country
Palm Beach

Zip
33413

Country
Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida
9-20-96

5. FEI Number
65-0696338

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 01-04

7. Name and Address of Current Registered Agent

Name
Andrew C. Atkins III

Street Address (P.O. Box Number is Not Acceptable)
175 N. Cleary Road

000034820490
04/30/04--01020--027 **1950.00

Suite, Apt. #, Etc.
STE A5

City
West Palm Beach

State
FL

Zip Code
33413

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent
[Signature]
REGISTERED AGENT MUST SIGN

Date
4-23-04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>P/D</u>	<u>Andrew C. Atkins III</u>	<u>16344 62nd RD North</u>	<u>Loxahatchee FL 33470</u>

10. I certify that I am an officer or director of 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)(l), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-04

Date

Daytime Phone #

561-712-8122

CR2E081 (01/04)

TR