### PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

#### P96000092500 DOCUMENT #

1. Corporation Name

## GULF COAST FIRE ALARM & SECURITY, INC.

Principal Place of Business

Mailing Address

601 N LIME AVE

601 N LIME AVE

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

03 OCT 13 AM 9:27



SARASOTA FL 34237			SARASOTA FL 34237							
US			US					Simple of the Constitution	(A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.										
New Principal Office Address, If Applicable     3. New Maili					ng Office Address, If Applicable			orated or Qualified ness in Florida	12/1996	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					<del></del>	<del></del>	
City & State			City 9 Ctata	City & State			5. FEI Numbe	NOT APPLICABLE	Applied For	
City & State			Only & State			•		NOT APPLICABLE	Not Applicable	
Zip Country			Zip Country			·	6. CERTIFICATE OF STATUS DESIRED 6 58.75 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)				Street Addr Officer and						
D	SILEO, JAMES J			601 N LIME AVENUE			SARASOTA FL			
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8. Name and Address of Current Registered Agent							9. Name and	Address of New Registered Ag	gent .	
<del> </del>						Name				
SILEO, JAMES J							<del></del>			
I	LIME AVE.		Street Address			P.O. Box Number is Not Acceptable)				
SARASOTA FL 34237					ĺ	Suite, Apt. #, Etc.				
SAINOUTA I E 04207										
City						City	State FL Zip Code			
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. or 617.0505, F.S.										
Signature of Registered Agent Date 10/9/03										
REGISTERED AGENT MUST SIGN										

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

# GULF COAST FIRE ALARM & SECURITY, — IRCORPORATED

# 601 N. LIME AVE. SARASOTA, FLORIDA

**OCTOBER 9, 2003** 

TO: DIVISION OF CORPORATIONS

ANNUAL REPORT/REINSTATEMENT SECTION

P.O. POX 6327

TALLAHASSEE, FLORIDA 32314-6327

ATTENTION: GLENDA E. HOOD

JAMES J. SILEO

FROM: GULF COAST FIRE ALARM & SECURITY, INC.

601 N. LIME AVENUE

SARASOTA, FLORIDA 34237-4435

RE: REINSTATEMENT OF CORPORATION..DOCUMENT #P9600009250

TOTAL PAYMENT ENCLOSED - \$158.75 FOR STATUS

CERTIFICATE

ENCLOSED PLEASE FIND OUR CHECK FOR \$150 UBR FEE FOR REINSTATEMENT OF OUR CORPORATION (plus \$8.75 for Certificate of Status).

OUR ANNUAL REPORT WAS NEVER RECEIVED AND THE NOTICE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION ARRIVED AT OUR OFFICE YESTERDAY, OCTOBER 8, 2003.

THIS COMPANY HAS NOT BEEEN DISSOVLED. WE CONTINUE TO DO BUSINESS AS USUAL AT THIS ADDRESS.
PLEASE FORWARD CERTIFICATE OF STATUS TO COMFIRM.

WE APPRECIATE YOUR ATTENTION TO THIS MATTER. THANK YOU.

SINCEKE!

GULF COAST FIRE ALARM & SECURITY, INC. JAMES J. SILEO, PRESIDENT

601 N. LIME AVENUE SARASOTA, FLORIDA 34237 (941) 365-6114 FAX: (941-951-2428