

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 # P97000022201

1. Corporation Name

INVOTEK SECURITY SYSTEMS INC.

FILED
 99 MAR 29 PM 12:59
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business

970 CORAL CLUB DRIVE
 CORAL SPRINGS FL 33071

Mailing Address

970 CORAL CLUB DRIVE
 CORAL SPRINGS FL 33071

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

3404 CORAL SPRINGS DR
 Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

PO BOX 770757
 Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FLORIDA

City & State

CORAL SPRINGS, FLORIDA

Zip

33065

Country

USA

Zip

33077

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

03/11/1997

5. FEI Number

65-0733972

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D, S, T	LYNCH, DEBORAH E KOTSONAS	970 CORAL CLUB DRIVE 3404 CORAL SPRINGS DRIVE	CORAL SPRINGS FL 33071 33065
P	LYNCH, JOSEPH A	3404 CORAL SPRINGS DRIVE	CORAL SPRINGS, FL 33065
VP	KOTSONAS, DEAN	3404 CORAL SPRINGS DRIVE	CORAL SPRINGS, FL 33065
			*****2832013--0 -04/07/99--01053--006 ****758.75 ****758.75
			*****2832013--0 -04/07/99--01053--007 ****158.75 ****158.75

B. Name and Address of Current Registered Agent

KOTSONAS
 LYNCH, DEBORAH E
 970 CORAL CLUB DRIVE
 CORAL SPRINGS FL 33071
 3404 CORAL SPRINGS DRIVE
 CORAL SPRINGS, FL 33065

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

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.

Signature of Registered Agent

Deborah E. Kotsonas

REGISTERED AGENT MUST SIGN

Date: 3-26-99

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:

Deborah E. Kotsonas
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-99

954-341-6999
 Daytime Phone #

CR2E040 (9/98)