

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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|--|-----------------------------------|--|-----------------------|
| APPLICATION FOR | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # 997000108067 | | | |
| 1. Corporation Name Absolute Alarm Company, Inc. | | | |
| Principal Place of Business 861 S.E. 47 th Terr. # 2 CAPE CORAL, FL. 33904 | | Mailing Address (Same as Principal Place of Business) | |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below. | | | |
| 2. New Principal Office Address, If Applicable 861 SE 47 th Terr. Suite, Apt. #, etc. Suite 2 City & State CAPE CORAL, FL. Zip 33904 Country USA | | 3. New Mailing Office Address, If Applicable 861 SE 47 th Terr. Suite, Apt. #, etc. Suite 2 City & State CAPE CORAL, FL. Zip 33904 Country USA | |
| | | 4. Date Incorporated or Qualified To Do Business in Florida 12-26-97 | |
| | | 5. FEI Number 59-3484439 | |
| | | 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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) | | | |
| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip |
| President | RONALD AWAD | 5146 SANTA ROSA CT. | CAPE CORAL, FL. 33904 |
| V.P. | LEO RAINELLI | 3403 SE 8 th PL. | CAPE CORAL, FL. 33904 |
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| 8. Name and Address of Current Registered Agent JACK O WILLIAMS 502 HARMAN AVE. PANAMA CITY, FL. 32401 | | 9. Name and Address of New Registered Agent Name: RONALD AWAD Street Address (P.O. Box Number is Not Acceptable): 5146 SANTA ROSA CT. Suite, Apt. #, Etc.: City: CAPE CORAL State: FL Zip Code: 33904 | |
| 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: REGISTERED AGENT MUST SIGN Date: 4-26-99 | | | |
| 11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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)(b), 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: | | RONALD AWAD Date: 4-26-99 Daytime Phone #: 941-540-9090 | |

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 TALLAHASSEE, FLORIDA

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CR2E081 (12/98)

ADT

**Authorized
Dealer**

Absolute Alarm Company, Inc.

861 SE 47th Terrace, Suite 2, Cape Coral, FL 33904 / 941-540-9090 / 888-933-9090

APRIL, 27, 1999

FLORIDA DEPT OF STATE
KATHERINE HARRIS
DIVISION OF CORPORATIONS

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Please waive the \$600.00 reinstatement fee due to the fact that we never received the forms at the address above to do so.

Thank you,

Ronald awad