

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

02 DEC 27 AM 8:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 197000108067

1. Corporation Name

Absolute Alarm Company, Inc.

300009719343  
12/27/02--01067--004 \*\*150.00

2. Principal Office Address

820 Lafayette St.

3. Mailing Office Address

822 Lafayette St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral FL

City & State

Cape Coral FL

Zip

33904

Country

USA

Zip

33904

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3484439

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ronald Award

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

229 West Bayou Forest Drive

Suite, Apt. #, Etc.

City

Freeport

State

FL

Zip Code

32439

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

Ronald Award

Date 12-21-02

REGISTERED AGENT MUST SIGN

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
President	RONALD AWARD	229 West Bayou Forest Dr	Freeport, FL 32439
Sec.	THERESA AWARD	229 West Bayou Forest Dr	Freeport, FL 32439

10. 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:

Ronald Award

12-21-02 239.540.8071

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

*Absolute Alarm*  
*Corporate Headquarters*

822 Lafayette Street  
Cape Coral, FL. 33904  
(239)-540-8071  
[absolutecorp@earthlink.net](mailto:absolutecorp@earthlink.net)



December 20, 2002

TO: Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL. 32314

RE: EIN# 59-3484439

To Whom It May Concern:

Enclosed you will find our reinstatement form and check for \$150.00. The corporation dues were not renewed this year because we never received a renewal notice. Please confirm that you have our correct mailing address to avoid any future renewal delays.

If you have any questions please do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script, appearing to read "Lori Petersen". The signature is written in dark ink and is positioned above the printed name and title.

Lori Petersen  
administrator