


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000019906

1. Corporation Name

ALARM ASSOCIATES OF BROWARD, INC.

Principal Place of Business

2102 NW 33RD ST
SUITE 3000A
POMPANO BCH FL 33069

Mailing Address

2102 NW 33RD ST
SUITE 3000A
POMPANO BCH FL 33069

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

2. New Principal Office Address, If Applicable

2101 NW 33 STREET
Suite, Apt. #, etc. 3000A

3. New Mailing Office Address, If Applicable

2101 NW 33 ST
Suite, Apt. #, etc. 3000A

City & State

POMPANO FL

City & State

POMPANO, FL

Zip

33069 USA

Zip

33069

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/03/1998

5. FEI Number

65-0816561

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PSTD	ESCOBAR, ALEJANDRO	10254 WINDSWEEP PLACE	BOCA RATON FL 33498

8. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

SIGNATURE REQUIRED

Date

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



Protection One®

Authorized Dealer



Alarm Associates of Broward, Inc.

November 14, 2000

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

To Whom It May Concern:

Please accept this letter in apologies for our delay. We received a document stating that we were to reinstate our corporation. This has come to a great surprise to us. We sent out check # 4701 on May 7, 2000.

When we received this notice we checked with our financial institution and discovered that the check has not yet as of date cleared.

We are sending you a replacement check in the original amount of \$150.00 dollars. We ask that you except our apologies but as you will understand this was an uncontrollable circumstance.

Should you have any questions, please feel free to contact me directly at (954) 956-8400.

Sincerely,

Alex Escobar
President

2101 N.W. 33rd Street, Suite 3000A
Pompano Beach, FL 33069
Phone: (954) 956-8400
Fax: (954) 956-8464
License #: EG-A000037