

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9

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



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 NOV 17 AM 11:32

DOCUMENT # P98000019906

1. Corporation Name
ALARM ASSOCIATES OF BROWARD, INC.

Principal Place of Business Mailing Address
 2102 NW 33RD ST 2102 NW 33RD ST
 SUITE 3000A SUITE 3000A
 POMPANO BCH FL 33069 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	3. New Mailing Office Address, if Applicable 2101 NW 33ST	4. Date Incorporated or Qualified To Do Business in Florida 03/03/1998
Suite, Apt. #, etc. 3000A	Suite, Apt. #, etc. 3000A	5. FEI Number 65-0816561
City & State POMPANO FL	City & State POMPANO, FL	Applied For Not Applicable
Zip 33069 Country USA	Zip 33069 Country USA	6. CERTIFICATE OF STATUS DESIRED <input 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)

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

900003496739--9
 -12712700--01036--0016
 ****150.00 ****150.00

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 _____
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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 **11/14/00** Daytime Phone # _____

CR2E040 (8/00)



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

