

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 26 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 098000033832

1. Corporation Name

Secure Alarm Service, Inc

2. Principal Office Address

2101 N. 9th AVE

Suite, Apt. #, etc.

B

City & State

PENSACOLA FL

Zip

32503

Country

Escambia County
United States

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

REINSTATEMENT

200029418112
02/26/04--01004--025 **1008.75

4. Date Incorporated or Qualified
To Do Business in Florida

4/14 1998

5. FEI Number

593505056

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

KEVIN P. COTE

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

2299 Seaside Hwy - M3

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32503

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

Kevin P. Cote

Date

2/18/04

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
<u>P/S</u>	<u>John Ambrose</u>	<u>2705 SANBEL PLACE</u>	<u>GULF BREEZE, FL 32563</u>
<u>V/T</u>	<u>KEVIN COTE</u>	<u>2299 Seaside Hwy - M3</u>	<u>PENSACOLA FL 32503</u>

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:

Kevin P. Cote

KEVIN Philip Cote

2/18/04

(850) 232-3116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25081 (07/04)