

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 26 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000052704

1. Corporation Name

SECURITYNET SYSTEM INTERGRATORS INC.

Principal Place of Business

Mailing Address

1550 MADRUGA AVENUE, #315
CORAL GABLES FL 33146

1550 MADRUGA AVENUE, #315
CORAL GABLES FL 33146



05/36/00 900426181

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

06/10/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0934994

Applied For
Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

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
	Julius G. Baker	21133 S.W. 85 AVE #312	Miami, FL 33189
	President		
	Secretary		
	Treasurer		

00 YBR

8. Name and Address of Current Registered Agent

BAKER, JULIUS A
1550 MADRUGA AVENUE, #315
CORAL GABLES FL 33146

9. Name and Address of New Registered Agent

Name: Julius G. Baker
Street Address (P.O. Box Number is Not Acceptable): 21133 S.W. 85 AVE #312
Suite, Apt. #, Etc.:
City: Miami State: FL Zip Code: 33189

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

Julius G. Baker
REGISTERED AGENT MUST SIGN

Date

Oct 18, 2000

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:

Julius G. Baker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Oct 18, 2000 305.975.3376