

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 APR 10 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000056549

1. Corporation Name

American Technology & Telephone Alarm
Service Inc.

CORP. DOC. # P99000056549

2. Principal Office Address

10740SW 172 St. Miami

Suite, Apt. #, etc.

3. Mailing Office Address

15000 NE. 10 Ct.

Suite, Apt. #, etc.

City & State

Miami FL.

City & State

MIAMI, FL

Zip

33157

Country

USA

Zip

33161

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

05-0932271

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

Frantz Telford

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

10740SW 172 St.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33157

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

Frantz Telford

REGISTERED AGENT MUST SIGN

Date

4-3-00

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

Pres

Frantz Telford

10740SW 172 St.

Miami FL 33157

v.p.

Stacey Hill

1750 N.W. 194 St

Miami FL 33056

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:

Frantz Telford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-00 (305) 496-3318

Date

Daytime Phone #

CR2E081 (9/99)