

2003-2004

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 16 PM 2:16

DOCUMENT # P99000056549

1. Corporation Name *TECHNOLOGY
AMERICAN TELEPHONE & ALARM SERVICE
INC.*

2. Principal Office Address

15000 N.E. 10th

Suite, Apt. #, etc.

City & State

MIAMI, FLA.

Zip

33161

Country

3. Mailing Office Address

15000 N.E. 10th

Suite, Apt. #, etc.

City & State

MIAMI, FLA.

Zip

33161

Country

REINSTATEMENT

D3/04

4. Date Incorporated or Qualified
To Do Business in Florida

1999

5. FEI Number

65-0932271

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

WILFRED ROLLE

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

15000 N.E. 10th

Suite, Apt. #, Etc.

City

MIAMI, FL

State

FL

Zip Code

33161

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

Wilfred Rolle
REGISTERED AGENT MUST SIGN

Date 01-12-2004

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
OWNER	STACEY HILL	15000 N.E. 10th	MIAMI, FL 33161

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:

Stacey Hill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01-12-04 305-947-2369

Daytime Phone #

CR2E081 (10/02)

2/2

Stacy Hill
ATT & AS INC.

305 947 2369

RE - P-99000056549

REINSTATEMENT FEE FOR 2003-2004

I DID NOT RECIEVE ANYTHING IN THE
MAIL STATING I HAD A BAD CHECK

I AM SORRY.

PER CONVERSATION WITH MS BAILEY

PLEASE FIND ENCLOSED

\$725.50.

Stacy Hill