

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 OCT 31 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000070377

1. Corporation Name

SOUTHERN ALARM MONITORING, INC.

Principal Place of Business

5639 ROYAL OAK WAY
HOLLYWOOD FL

Mailing Address

PO BOX 248013
PEMBROKE PINES FL 33024



REINSTATEMENT 2001

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

2. New Principal Office Address, If Applicable

3600 South State Road 7

Suite, Apt. #, etc.

Suite 39

City & State

Milimar, FLA

Zip

33023

Country

USA

3. New Mailing Office Address, If Applicable

3600 South State Road 7

Suite, Apt. #, etc.

Suite 39

City & State

Milimar, FLA

Zip

33023

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/09/1999

5. FEI Number

65-0944730

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	COREN, RICHARD	5639 ROYAL OAK WAY	HOLLYWOOD FL

4000004694224--5

-11/27/01--01009--006

****750.00 ****750.00

8. Name and Address of Current Registered Agent

MILLER, ROBERT B
20803 BISCAYNE BLVD, SUITE 200
AVENTURA FL 33180

9. Name and Address of New Registered Agent

Name

RICHARD A. COREN

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

3600 South State Road 7

Suite, Apt. #, Etc.

Suite 39

City

Milimar

State

FL

Zip Code

33023

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

REGISTERED AGENT MUST SIGN

Date 10-25-01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RICHARD A. COREN, DIRECTOR 10-25-01 (954) 961-7580