

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 SEP -5 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300135965043
09/16/08--01016--031 **500.00

CR2E081 (12/07)

DOCUMENT # S 33792

1. Corporation Name

Security First Alarm Inc.

2. Principal Office Address - No P.O. Box #

9200 N.W. 39th Ave.

3. Mailing Office Address

P.O. Box 140848

Suite, Apt. #, etc.

#130-105

Suite, Apt. #, etc.

City & State

Gainesville FL

City & State

Gainesville FL

Zip

32606

Country

U.S.A.

Zip

32614-0848

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

02-01-91

5. FEI Number

59-3096100

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

Gabe H. Kaimowitz

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

4411 S.W. 34th St.

Suite, Apt. #, Etc.

#1305

City

Gainesville

State

FL

Zip Code

32608

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date *09:04.08*

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	
PST			<i>Michael Richardson</i>		<i>483 Reed Rd S.W.</i>		<i>23149</i>	

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REINSTATEMENT
1999-2008

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 contained in Chapter 119, 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:

Michael Richardson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-4-08

Date

Daytime Phone #

407-488-9142