

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 27 AM 9:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700008811057  
11/05/02--01036--004 \*\*\$600.00



REINSTATEMENT 02

DOCUMENT # V37353

1. Corporation Name

A.V.S. SECURITY SYSTEMS, INC.

Principal Place of Business

5747 N ANDREWS WY  
FT LAUDERDALE FL 33309  
US

Mailing Address

5747 N ANDREWS WY  
FT. LAUDERDALE FL 33309  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

05/12/1992

5. FEI Number

65-0357815

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	ROBERT NEWMAN	10724 N.E. 24 COURT 5747 N. ANDREWS WAY	MIAMI-FL FT. LAUDERDALE, FL 33309
TD	JAMES PASQUARELLO	2620 N.E. 51 STREET 5747 N. ANDREWS WAY	LIGHTHOUSE POINT-FL FT. LAUDERDALE, FL 33309
SD	ROGER NEWMAN	1211 MEADOWBROOK ROAD N.E.	PALM BAY FL
			700008811057 11/27/02--01101--013 **\$150.00
			<del>500003247335</del> <del>11/27/02 01101--012 **\$150.00</del>

8. Name and Address of Current Registered Agent

NEWMAN ROGER  
19724 NE 24TH CT  
N MIAMI BCH FL 33180

9. Name and Address of New Registered Agent

Name ROBERT NEWMAN  
Street Address (P.O. Box Number is Not Acceptable)  
5747 N. ANDREWS WAY  
Suite, Apt. #, Etc.  
City FORT LAUDERDALE State FL Zip Code 33309

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent

*Robert Newman*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10/30/02

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:

*Robert Newman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT NEWMAN, PRESIDENT

Date

Daytime Phone #

10/30/03 954-351-1111