

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 SEP 25 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V60518**

1. Corporation Name

ADVANCED ALARM SYSTEMS OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

803 ASPENWOOD CIRCLE
KISSIMMEE FL 34743

803 ASPENWOOD CIRCLE
KISSIMMEE FL 34743

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 01-02

4. Date Incorporated or Qualified To Do Business in Florida

08/27/1992

5. FEI Number

59-3140539

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
PDF	ROYAL, GARY M.	803 ASPENWOOD CIRCLE	KISSIMMEE FL
STD	ROYAL, WANDA G.	803 ASPENWOOD CIRCLE	KISSIMMEE FL

500008431725--9
-10/17/02--01084--005
****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROYAL, GARY M.
803 ASPENWOOD CIRCLE
KISSIMMEE FL 34743

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/01)

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

Gary M. Royal
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN.

Date 9-24-2002

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:

Gary M. Royal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-24-2002
Date

407-348-0873
Daytime Phone #