

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -1 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V60518

1. Corporation Name

Advanced Alarm Systems of
Central Florida, Inc.

REINSTATEMENT 03-04

700029571767
03/01/04--01029--001 **908.75

2. Principal Office Address

803 Aspenwood Circle

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Kissimmee, Florida

City & State

Zip

34743

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

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. Name and Address of Current Registered Agent

Name

Gary M. Royal

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

803 Aspenwood Circle

Suite, Apt. #, Etc.

City

Kissimmee, Florida

State

FL

Zip Code

34743

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

Mary M. Royal

REGISTERED AGENT MUST SIGN

Date

2-24-04

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 |
|--------|-----------------------------------|--|----------------------------|
| Pres. | <u>Gary M. Royal</u> | <u>803 Aspenwood Cir.</u> | <u>Kissimmee, FL 34743</u> |
| Sec. | <u>Wanda G. Royal</u> | <u>803 Aspenwood Cir</u> | <u>Kissimmee, FL 34743</u> |
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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:

Mary M. Royal GARY M. ROYAL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-04

Date

407-318-0873

Daytime Phone #