

Page 2 of 2

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000075100 3))



H100000751003ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6384

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850)521-1000
Fax Number : (850)558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____


**CORPORATION REINSTATEMENT
MAHLER SECURITY SERVICES, INC.**

| | |
|-----------------------|------------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$1,358.75 |

Page 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 APR -2 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F05000007027

1. Corporation Name
Mahler Security Services, Inc.

REINSTATEMENT 06-10

| | | | |
|---|---------|---|---------|
| 2. Principal Office Address - No P.O. Box # <u>3001 Armory Dr.</u> | | 3. Mailing Office Address <u>3001 Armory Dr.</u> | |
| Suite, Apt. #, etc. <u>Suite 100</u> | | Suite, Apt. #, etc. <u>Suite 100</u> | |
| City & State <u>Nashville TN</u> | | City & State <u>Nashville TN</u> | |
| Zip <u>37204</u> | Country | Zip <u>37204</u> | Country |

CR2E081 (11/09)

4. Date Incorporated or Qualified To Do Business in Florida 12/5/2005

| | |
|------------------------------------|-------------------------------|
| 5. FEI Number <u>25-1617169</u> | Applied For Not Applicable |
|------------------------------------|-------------------------------|

6. CERTIFICATE OF STATUS DESIRED §815 Additional Fee required for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

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 Sue G. Knight **Sue G. Knight as its agent** Date 4-2-10

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|-----------|-----------------------------------|--|--------------------|
| President | Mel A. Mahler | 3001 Armory Dr., Ste. 100 | Nashville TN 37204 |
| Secretary | F.E. McDaniel, Jr. | 3001 Armory Dr., Ste. 100 | Nashville TN 37204 |
| | | | |
| | | | |

JC 4/6

10. E-mail Address: emcdaniel@adsalarms.com
(to be used for future annual report notification)

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. I further certify, 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: Mel A Mahler Date 4-01-10 Daytime Phone # 615-269-4382

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR