


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED
 03 SEP 24 AM 9:12
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # J68675

1. Corporation Name
 A-1 Access Control Systems, Inc.

2. Principal Office Address 5022 20th Avenue S		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa, FL		City & State	
Zip 33619	Country USA	Zip	Country

08/01/03 90064 037 150

4. Date Incorporated or Qualified To Do Business in Florida 4/20/87	
5. FEI Number 59-2803272	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>See 75. Additional Fee required for a Certificate of Status.</small>	

7. Name and Address of Current Registered Agent

Name Keith A. Knecht	
Street Address (P.O. Box Number is Not Acceptable) 5022 20th Avenue S	
Suite, Apt. #, Etc.	
City Tampa	State / Zip Code FL 33619

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0603 or 617.0503, F.S.

Signature of Registered Agent: *Keith A. Knecht* Date: 9/24/03
 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
DP	Knecht, Keith A	4901 San Nicholas St	Tampa, FL 33628
DST	Knecht, Marilyn L	4901 San Nicholas St	Tampa, FL 33628
DVP	Cfene, John	8009 Riverwood Estate Place	Riverview, FL 33569
DVP	Adams, Jeff A	4603 Poinsetta Avenue	Temple Terrace, FL 33617

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)(f), 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: *Keith A. Knecht* Date: 9/24/03 Daytime Phone #: 813-242-4869
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CORP-006 (1/03)

THIS LETTER IS TO INFORM YOU THAT I RECEIVED MY UBR FORM AFTER THE MAY 1 DEADLINE AND AS PER YOUR INSTRUCTIONS I HAVE ENCLOSED THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

J. Cline
JOHN CLINE
PRESIDENT