

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 DEC 23 PM 4:28

**CORPORATION
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P06000137007

1. Corporation Name
ALERTSUSA, INC.

2. Principal Office Address - No P.O. Box # 2600 Collins Avenue		3. Mailing Office Address P.O. Box 2621	
Suite, Apt. #, etc. #202		Suite, Apt. #, etc.	
City & State Miami Beach, Florida		City & State Miami Beach, Florida	
Zip 33140	Country	Zip 33140	Country

7. Name and Address of Current Registered Agent

Name
SPIEGEL & UTRERA, P.A.

Street Address (P.O. Box Number is Not Acceptable)
 1840 Southwest 22nd Street

Suite, Apt. #, Etc.
 4th Floor

City Miami	State FL	Zip Code 33145
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4. Date Incorporated or Qualified To Do Business in Florida
 10/27/2006

5. FEI Number
 22-3945843

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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 BY: *Natalia Utrera* Date 12-18-08
 Natalia Utrera, Vice President REGISTERED AGENT MUST SIGN

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
PSTD	Aukstakalnis, Steven	2600 Collins Avenue, #202	Miami Beach, Florida 33140

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 contained in Chapter 119, 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: *Steven Aukstakalnis* Steven Aukstakalnis, President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/15/2008 Daytime Phone # 305 992 5944

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REINSTATEMENT 07-08 KS