1	-		SE READ A	ALL INST	RUCT	IONS BE	FORE C	OMPLETI	NG THIS FORM.	•	
	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS							O8 NOV 13 PM 1: 17  SECRETAGE OF STATE TALLAHASSEE, FLORIDA			
DOCUMENT # FO 6 00000 7587  1. Corporation Name  FIRE PROTECTION SERVICES INC.								TALLAHASSEE, F	LORIDA		
2. Principal Office Address - No P.O. Box #  3. Mailing Office Address								800138035258 11/18/0801011008 **908.75			
1004 PROSPECT AVE									CR2E081 (12/07)		
Suite, Apt. #, etc. Suite, Apt. #,					etc.						
								Date Incorporated or Qualified     To Do Business in Florida			
City & State City & State								5. FEI Number Applied For			
WILMINGTON, DE  Zip Country Zip					Country			82-057703	6	Not Applicable	
19809				_ Zip	p Godiniy			6. CERTIFICATE		Additional Fee require	
7. Name and Address of Current Registered Agent											
Name Incorporating Services, Ltd.  Street Address (P.O. Box Number is Not Acceptable) 1540 Glenway Drive Suite, Apt. #, Etc.  City Tallahassee  State Zip Code FL 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.			
	appointed the		n E.	ve named corpo	t, As	familiar with and	d accept the ob		on 607.0505 or 617.0503, F.S.  Date		
9. Names	9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at lea										
Titles	Name of Officers and/or Directors				Street Address of Each Officer and/or Director				City / State	/ Zip	
Р	MICHAE	L J DI	MAURO JR		1004 PROSPECT AVE				WILMINGTON, DE 1	19809	
s	MICHAE	L J DIN	MAURO JR		1004 PROSPECT AVE				WILMINGTON, DE 19809		
Т	MICHAE	L J DII	MAURO JR		1004 PROSPECT AVE				WILMINGTON, DE 19809		
	<u> </u>										
	RI	EIN	ISTAT	EMI	EN		RH				

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: Mirely SIGNATURE AND VEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL J DIMAURO JR

9/24/08

302\*764\*6303

Date

Daytime Phone #