PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 DEC -2 PM 12:05

CR2E041 (1/11)

DOCUMENT # L06000065011

1. Limited Liability Company's Name

FLORIDA PROTECTIVE SERVICES, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
16170 SW 107 PLACE		16170 SW 107 PLACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
MIAMI FL		MIAMI FL	
Zip	Country	Zip	Country
33157		33157	

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida 06/27/2006

6. FEI Number
20-5122287
☑ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: SARDUY STEVENS

Street Address (P.O. Box Number is Not Acceptable): 8171 W 36 AVE

Suite, Apt. #, Etc.: SUITE 1

City	State	Zip Code
HIALEAH	FL	33018

E-mail Address:

70021820327
12/02/11--01039--009 **516.00
YENNYRODRIGUEZ09@YAHOO.COM
(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent x _____ Date _____
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	ORELBYS L MARTINEZ	16170 SW 107 PLACE	MIAMI FL. 33157

REINSTATEMENT 2009-2011

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager x _____ Date 11/22/2011 Daytime Phone # _____