

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 8:57

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**APPLICATION
 FOR
 REINSTATEMENT**

DOCUMENT # **N93000003726**

1. Corporation Name

SPECIAL DEFENDERS, INC.

Principal Place of Business

Mailing Address

1500 S SEMORAN BLVD
 ORLANDO FL 32807

1500 S SEMORAN BLVD
 ORLANDO FL 32807

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



4. Date Incorporated or Qualified To Do Business in Florida		08/17/1993	
5. FEI Number		Applied For	
59-3194916		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GOMEZ, LUIS F SR	1500 S SEMORAN BLVD	ORLANDO FL 32807
D	GOMEZ, LUIS F JR	1200 CREEKBOTTOM CR 1500 S. SEMORAN	ORLANDO FL 32807
TD	GOMEZ-RODRIGUEZ, MILAGROS	5656 SANIBEL ST	ORLANDO FL 32807

400023821474
 10/15/03--01060--024 **245.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOMEZ, LUIS F JR 1200 CREEKBOTTOM CR 1500 S. SEMORAN BLVD. ORLANDO FL 32807		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: *Luis F Gomez* **SIGNATURE REQUIRED** REGISTERED AGENT MUST SIGN Date: 10/08/03

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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: *Luis F Gomez* **SIGNATURE REQUIRED** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 10-8-03 (407) 273-0224 Daytime Phone #

CFR2040 (7/03)