PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 30 PM 5:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000074221

1. Corporation Name

FLORIDA SECURITY & PROTECTION INSTITUTE, INC.

Principal Place of Business	Mailing Address
6775 SW 44TH ST.. #13 MIAMI FL 33155	6775 SW 44TH ST.. #13 MIAMI FL 33155

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: 07/25/2001

5. FEI Number: 65-1127043 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $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	DOIMEADIOS, PEDRO L	6775 SW 44TH ST., #13	MIAMI FL 33155

800008697458
10/30/02--01049--002 **150.75

8. Name and Address of Current Registered Agent

SANTANDREU, ELSA M
1950 SW 65TH AVE.
MIAMI FL 33155

9. Name and Address of New Registered Agent

Name: Pedro L. Doimeadios
Street Address (P.O. Box Number is Not Acceptable): 6775 SW 44 Street # 13
Suite, Apt. #, Etc.:
City: Miami | State: FL | Zip Code: 33155

CR2E040 (8/02)

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: SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN
Date: 10/24/02

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 10/24/02 Daytime Phone #

FLORIDA SECURITY & PROTECTION INSTITUTE, INC.

October 23, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Dear Sir or Madam:

Please be advised that I did not receive the UBR for the year 2002. Enclosed, please find the Application for Reinstatement with the required fee of $150.00. I am asking you to please reinstate my corporation and abate the penalty since I did not receive the UBR form for the year 2002.

Thank you in advance for you attention to this matter. I greatly appreciate your help and professionalism.

Sincerely,

Pedro L. Doimeadios
President

6775 SW 44 STREET # 13 • MIAMI/FLORIDA • 33155