PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

B 1 02

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 OCT 17 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000074221

1. Corporation Name

FLORIDA SECURITY & PROTECTION INSTITUTE, INC.

REINSTATEMENT 03-05

CR2E081 (8/05)

T. Roberts OCT 24 2005

2. Principal Office Address		3. Mailing Office Address	
2820 SW 117 Court		2820 SW 117 Court	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33175	Country U.S.A.	Zip 33175	Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida July 25, 2001

5. FEI Number 65-11270433 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name	Pedro L. Doimeadios		
Street Address (P.O. Box Number is Not Acceptable)	2820 SW 117 Court		
Suite, Apt. #, Etc.	N/A		
City	Miami, Florida	State FL	Zip Code 33175

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 _____ Date _____

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
D	Pedro L. Doimeadios	2820 SW 117 Court	Miami, Florida; 33175
N/A			
N/A		600060922786 10/15/05--01058--002 **450.00	
N/A			
N/A			
N/A			

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 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: _____ October 11, 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PS 491

Secretary of State
State of Florida

October 11, 2005

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

FLORIDA SECURITY & PROTECTION INSTITUTE, INC.
DOCUMENT NUMBER: P010000074221

Dear Sirs:

I write this letter as a request to waive the reinstatement Fees.

As the Director of FLORIDA SECURITY & PROTECTION INSTITUTE, INC. I am authorized to write this letter of request.

Due to the change of address of the accountant that does the accounting work for this corporation, and confusion in receiving the documents for the renewal of the license, the required documents were never received.

I respectfully request that the delinquent renewal fees be waived. I spoke to a member of your staff and he stated that if the renewal fees were waived the corporation would have to pay for $150.00 for 2003, 2004, and 2005, totaling $450.00.

Thus I am enclosing check number 1067 for the amount of $450.00.

Sincerely,

Owner / Director
Florida Security & Protection Institute, Inc.