

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Jim Smith  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P01000113777

FILED  
 02 NOV 27 PM 2:08  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

1. Corporation Name  
**PEACE OF MIND PROTECTION, INC.**

Principal Place of Business: 224 PROVINCIAL DR, INDIALANTIC, FL 32903  
 Mailing Address: 224 PROVINCIAL DR, INDIALANTIC FL 32903



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

2. New Principal Office Address, If Applicable <i>2715 N. Harbor City Blvd</i> Suite, Apt. #, etc. <i>Suite #12</i> City & State <i>Melbourne, Florida</i> Zip <i>32935</i> Country <i>Brevard/USA</i>	3. New Mailing Office Address, If Applicable <i>2715 N. Harbor City Blvd</i> Suite, Apt. #, etc. <i>Suite #12</i> City & State <i>Melbourne, Florida</i> Zip <i>32935</i> Country <i>Brevard/USA</i>	4. Date Incorporated or Qualified To Do Business in Florida <b>11/19/2001</b>
5. FEI Number		Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED - <input 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	WEINSTEIN, DAVID P	224 PROVINCIAL DR	INDIALANTIC FL 32903

8. Name and Address of Current Registered Agent <b>WEINSTEIN, DAVID</b> 224 PROVINCIAL DR INDIALANTIC FL 32903	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> Zip Code
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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]* **SIGNATURE REQUIRED** Date: 10-23-02  
 REGISTERED AGENT MUST SIGN

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]* **SIGNATURE REQUIRED** Date: 10-23-02  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (9/02)

We did not receive  
original document.