

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000082120

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** CARIBBEAN SPRINKLER PROTECTION, INC.

**Current Principal Place of Business:**

1830 NORTH 49TH AVENUE  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

15342 SW 25TH. STREET  
DAVIE, FL 33326

**Current Mailing Address:**

1830 NORTH 49TH AVENUE  
HOLLYWOOD, FL 33021

**New Mailing Address:**

15342 SW 25TH. STREET  
DAVIE, FL 33326

**FEI Number:** 45-0582997

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LUGO, LEILA  
5353 NORTH FEDERAL HIGHWAY  
SUITE 303  
FT. LAUDERDALE, FL 33308 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SANTOS SANTIAGO JR.

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SANTIAGO, SANTOS JR.  
Address: 15342 SW 25TH. STREET  
City-St-Zip: DAVIE, FL 33326

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SANTOS SANTIAGO JR

P

03/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date