

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000020888

209 100005117

1. Corporation Name

American Protection Agency Services, Inc.

American Protection Agency Security Services, Inc.

2. Principal Office Address - No P.O. Box #

4126 Inverrary Blvd.

Suite, Apt. #, etc.

2809

City & State

Fort Lauderdale

Zip

33319

Country

USA

3. Mailing Office Address

16267 San Fernando Mission Blvd.

Suite, Apt. #, etc.

#214

City & State

Granada Hills

Zip

91344

Country

USA

7. Name and Address of Current Registered Agent

Name

William B White II

Street Address (P.O. Box Number is Not Acceptable)

4126 Inverrary Blvd.

Suite, Apt. #, Etc.

#2809

City

Fort Lauderdale

State

FL

Zip Code

33319

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

William White

Date *11/16/2009*

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
President	Shirley Lane	16267 San Fernando Mission Blvd	Granada Hills, CA 91344
Treasurer	Anthony Brown	16267 San Fernando Mission Blvd	Granada Hills, CA 91344
Secretary	Anthony Brown	16267 San Fernando Mission Blvd	Granada Hills, CA 91344
Director	Anthony Brown	16267 San Fernando Mission Blvd	Granada Hills, CA 91344

REINSTATEMENT

10. E-mail Address: Sales@asgsvcs.com

(To be used for future annual report notification)

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. I further certify, 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:

Anthony Brown

Anthony Brown

11/01/2009 866-850-70

10/40

FILED

09 DEC -4 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FILING CANCELLED
RETURNED CHECK**

800162894908

11/17/09--01037--015 **750.00

REINSTATE CR2E081(11/09)

08-09

4. Date Incorporated or Qualified
To Do Business in Florida

02/15/2007

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.