

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

02 DEC 20 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000070448

1. Corporation Name

24/7 Protection Inc.

2. Principal Office Address

1 S. Orange Ave

3. Mailing Office Address

1 S. Orange Ave

Suite, Apt. #, etc.

Suite 403

Suite, Apt. #, etc.

Suite 403

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32801

Country

USA

Zip

32801

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/12/98

5. FEI Number

59-3526703

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

F&L Corp.

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

The Greenleaf Building, 200 Laura Street

Suite, Apt. #, Etc.

3rd Floor

City

Jacksonville

State
FL

Zip Code

32201-0240

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

REGISTERED AGENT MUST SIGN

Date

12/18/02

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
P,S,T,D	Scott Morris	1 S. Orange Ave., Suite 403	Orlando, FI 32801
v	Terrance Casterline	1 S. Orange Ave., Suite 403	Orlando, FI 32801

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/14/02

Date

800-867-8960

Daytime Phone #

CR2081 (9/01)



To Whom It May Concern:

This letter is to state 24/7 Protection Inc. did not receive prior notices of annual uniform business report for 2002. I am sending you a check for \$150.00 dollars for the filing fee for 2002.

Thank you,

Terrance Casterline