

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 JUN 22 PM 12:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J82617

1. Corporation Name

SELF DEFENSE INC.

2. Principal Office Address

1088 NW FEDERAL HWY

3. Mailing Office Address

(SAME)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

STUART, FLORIDA

City & State

Zip  
34984

Country  
USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/01/1987

5. FEL Number

650046129

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

NORBERT J. VERPORTER

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

1088 NW FEDERAL HWY

Suite, Apt. #, Etc.

City

STUART

State  
FL

Zip Code  
34994

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

6/12/06

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
P/S	ERICA S. VERPORTER	2157 SE FLORESTA DR.	PORT ST. LUCIE, FLORIDA 34984
V/T	NORBERT J. VERPORTER	2157 SE FLORESTA DR.	PORT ST. LUCIE, FLORIDA 34984

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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 contained in Chapter 119, 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

ERICA S. VERPORTER 06/12/06

772-692-1958

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

K. Eckel JUN 27 2006