

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F00000003865

1. Corporation Name

**Philadelphia Protection Bureau, Inc.**

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

**197 Philips Rd**

Suite, Apt. #, etc.

City & State

**Exton, PA**

Zip

**19341**

Country

**USA**

3. Mailing Office Address

**197 Philips Rd**

Suite, Apt. #, etc.

City & State

**Exton, PA**

Zip

**19341**

Country

**USA**

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida  
07/10/2000

5. FEI Number

**23-2249529**

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

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

Suite, Apt. #, Etc.

City

State

Zip Code

**FL**

**200251624942**  
09/11/13--01003--012 \*\*2550.00

**REINSTATEMENT**

**01-13**

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

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip        |
|--------|--------------------------------------|---|---------------------------|
| Chair  | Mary H. Ladd                         | 123 Freedom Blvd                                  | W Brandywine, PA 19320    |
| Pres   | J. Matthew Ladd                      | 115 Fawn Dr                                       | Glenmoore, PA 19343       |
| Sr VP  | Karen Baker                          | 905 Samatha Ct                                    | Chester Springs, PA 19425 |
| VP     | Michael Jobrey                       | 420 Deep Willow Dr                                | Exton, PA 19341           |
| CFO    | Timothy P Trout                      | 505 Wilshire Blvd                                 | Sinking Spring, PA 19608  |
|        |                                      |   |                           |

SEP 10 2013

10. E-mail Address: **timtrout@protectionbureau.com**

(To be used for future annual report notification)

**M. WILLIAMS**

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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/13

Date

610-903-4908

Daytime Phone #

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302  
155 Office Plaza Dr Ste A Tallahassee FL 32301  
PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE: 9/11/13**

**NAME: PHILADELPHIA PROTECTION BUREAU, INC**

**TYPE OF FILING: REINSTATEMENT**

**COST: 2,550.00 - CHECK ATTACHED**

**RETURN: PLAIN COPY PLEASE**

RECEIVED  
DEPARTMENT OF STATE  
13 SEP 11 AM 8:35

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**ACCOUNT: NC4000600014**

**AUTHORIZATION: [Signature]**

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