PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION | 1 |
|--------------|---|
| REINSTATEMEN | n |



FLORIDA DEPARTMENT OF STATE Secretary of State

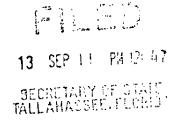
DIVISION OF CORPORATIONS

DOCUMENT #

F0000003865

1. Corporation Name

Philadelphia Protection Bureau, Inc.



| 2. Principal Office Address - No P.O. Box # 197 Philips Rd | | 3. Mailing Office A | | CR2E081 (11/10 | gp27001 (11(10) | | |
|--|---------|---------------------|---------|---|----------------------------|--|--|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | Date Incorporated or Qualified To Do Business in Florida 07/10/2000 | , | | |
| Exton, PA | | Exton, P | PA | 5. FEI Number 23-2249529 | Applied For Not Applicable | | |
| ^{ℤဨ} 1Q3//1 | Country | 103/11 | Country | 6. CERTIFICATE OF STATUS DESIRED \$8.7 | 75 Additional Fee require | | |

Name and Address of Current Registered Agent

Name
Street Address (P.O. Box Number it Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

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

REINSTATEMENT

9/1/2013

| Negistered As | REGISTEREDAC | SENT MUST SIGN | |
|---------------|--|---|---------------------------|
| 9. Names a | ind Street Addresses of Each Officer and/or Director (Fl | orida 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 |
| 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 |

Ant Indrau

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.

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

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

(To be used for future annual report notification)

VI. 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 fiting 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.

| SIGN | ATU | RE |
|------|------------|----|
|------|------------|----|

SIGNATURE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Pv 9/6/13 610-903-4908

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

DATE:

9/11/13

NAME:

PHILADELPHIA PROTECTION BUREAU, INC

TYPE OF FILING: REINSTATEMENT

COST:

2,550.00 - CHECK ATTACHED

RETURN: PLAIN COPY PLEASE

ACCOUNT: NO CONTROL AUTHORIZATION: VALUE TO