

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 21 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000004498

1. Corporation Name

TENACLE PROTECTIVE SERVICES INC.

REINSTATEMENT 08-10

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

2423 PAYNE AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

2423 PAYNE AVE.

Suite, Apt. #, etc.

City & State

CLEVELAND, OHIO

City & State

CLEVELAND, OHIO

Zip

44114

Country

USA

Zip

44114

Country

USA

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

1-18-90

5. FEI Number

34-1634099

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

KARL ANGELO

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

3851 TIMBER RIDGE CT.

Suite, Apt. #, Etc.

City

PALM HARBOR

State

FL

Zip Code

34685

☒ 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.

PHONE AGREEMENT.

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

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	PETER J. MIRAGLIOTTA	2423 PAYNE AVE.	CLEVELAND, OH. 44114
V	FRANCIS CRISH	2423 PAYNE AVE.	CLEVELAND, OH. 44114
T	CARL WAGNER	2423 PAYNE AVE.	CLEVELAND, OH. 44114
S	RYAN FIORITTO	2423 PAYNE AVE.	CLEVELAND, OH. 44114
200176889872 04/21/10-01002-000 \$1050.00 04/21			

10. E-mail Address: C.WAGNER@TENACLE.NET

(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CARL WAGNER TENAS. 4/19/10 216-426-735