

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 OCT -4 AM 10:17

DOCUMENT # F0700000/074

1. Corporation Name

Global Protection Acquisition, Inc.
WI-43355

800185345708
09/13/10--01048--009 **750.00

800185345708
10/04/10--01057--003 **308.75

CR2E081 (6/10)

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

444 Kelley Dr

Suite, Apt. #, etc.

Unit 3A

City & State

West Berlin, NJ

Zip

08091

Country

US

3. Mailing Office Address

444 Kelley Dr

Suite, Apt. #, etc.

Unit 3A

City & State

West Berlin, NJ

Zip

08091

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

2/26/2007

5. FEI Number

20-3495467

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

Alexandra Santos

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

5000 S. CALENTA DRIVE

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33611

REINSTATEMENT 08-10

KS

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

Dandi Santos

REGISTERED AGENT MUST SIGN

Date 8/31/10

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
DO	La Schillo	444 Kelley Drive	West Berlin, NJ 08091
DS	Jack Denker	444 Kelley Drive	West Berlin, NJ 08091
P	Steve Guano	444 Kelley Drive	West Berlin, NJ 08091

10. E-mail Address:

cyndi@globalprotectionusa.com
(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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/10

609-313-8134

Date

Daytime Phone #