

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F09000002325

**FILED**  
**Feb 23, 2012**  
**Secretary of State**

**Entity Name:** NEW AGE PROTECTION INC.

**Current Principal Place of Business:**

6320 AUGUSTA DR.  
SUITE 1200  
SPRINGFIELD, VA 22150

**New Principal Place of Business:**

**Current Mailing Address:**

6320 AUGUSTA DR.  
SUITE 1200  
SPRINGFIELD, VA 22150

**New Mailing Address:**

**FEI Number:** 20-2027147

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WRIGHT, KIARA  
188 MARTIN ST.  
QUINCY, FL 32351 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** KIARA WRIGHT

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** CHR  
**Name:** BURNS, LAWRENCE J  
**Address:** 6320 AUGUSTA DR. SUITE 1200  
**City-St-Zip:** SPRINGFIELD, VA 22150

**Title:** VCHR  
**Name:** WRIGHT, RONNIE  
**Address:** 6320 AUGUSTA DR. SUITE 1200  
**City-St-Zip:** SPRINGFIELD, VA 22150

**Title:** VD  
**Name:** DORTCH, FLOYD C  
**Address:** 6320 AUGUSTA DR. SUITE 1200  
**City-St-Zip:** SPRINGFIELD, VA 22150

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** LAWRENCE BURNS

CEO

02/23/2012

Electronic Signature of Signing Officer or Director

Date