

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 JUN 29 AM 11:30

DOCUMENT # J73458

1. Corporation Name

AMERICAN PROTECTIVE SYSTEMS, INC.

Principal Place of Business

Mailing Address

~~935 RIDGEWOOD AVE~~  
~~HOLLY HILL FL 32117~~

605 RIDGEWOOD AVE  
HOLLY HILL FL 32117

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

545 BALLOUGH RD  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

545 BALLOUGH RD  
Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL  
Zip 32114 Country U.S.A.

City & State

DAYTONA BEACH, FL  
Zip 32114 Country U.S.A.

REINSTATEMENT

0001

4. Date Incorporated or Qualified  
To Do Business in Florida

05/19/1987

SP

5. FEL Number

59-2814372

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	HARRISON, ROBERT M.	45 AUDOBON LANE	FLGLER BEACH FL 32136

300004478213--1  
-07/17/01--01002--001  
\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HARRISON, ROBERT M.  
45 AUDOBON LANE  
FLGLER BEACH FL 32136

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 5-22-01

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
ROBERT M. HARRISON

Date

5-22-01

Daytime Phone #

904-253-3498

CR2E040 (8/00)