

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000038850

FILED
Sep 21, 2005
Secretary of State

Entity Name: PATRIOT PROTECTIVE GROUP LLC

Current Principal Place of Business:

9100 S.W. 24TH STREET
MIAMI, FL 33165

New Principal Place of Business:

2916 PONCE DE LEON BOULEVARD
SUITE B
CORAL GABLES, FL 33134

Current Mailing Address:

9100 S.W. 24TH STREET
MIAMI, FL 33165

New Mailing Address:

2916 PONCE DE LEON BOULEVARD
SUITE B
CORAL GABLES, FL 33134

FEI Number: 75-3134388 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HADFEG, IVAN
19550 CYPRESS CT
HIALEAH, FL 33015 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: IVAN HADFEG

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HADFEG, IVAN
Address: 19550 CYPRESS COURT
City-St-Zip: HIALEAH, FL 33015

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PRES () Change (X) Addition
Name: CANTERA, EDUARDO
Address: 2916 PONCE DE LEON BOULEVARD, SUITE B
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: IVAN HADFEG

MGR

09/21/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date