## 2006 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT											
DOCUMENT # L64728											
1. Entity Narr		// LO 1/ LO									
MUNICIPAL PENSION PROTECTORS, INC.						05 OCT 31 MM 9: 42					
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									$\Lambda_{ij}^{\pm}$		
Principal Place of Business Mailing Address									.,,		
% SIDNEY SO		rr	% SIDNEY SCHNIPPER 5827 N.W. 25TH TERRACE								
5827 N.W. 25TH TERRACE Boca Raton, FL 33496			BOCA RATON, FL 33496								
Dodition		000000000000000000000000000000000000000									
2. Principal P	lace of Busir	ness	3. Mailing Address								
Cuito Ant	# 010		Cuito Apt # ato				STATE			2/0 2	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			10 8 40 6	<b>为中的</b>	- Contractor	1/05)	$V_{\Phi}$	
City & Stat	:e		City & State			4. FEI Numbe	 ∋r		Ap	plied For	
•			,			65-018	5663		No	t Applicable	
Zip	Zip Country		Zip Coun		ntry	5. Certificate of Status I			<b>8.75</b> Add		
6. Name and Address of Current F			Pogletorod Agost		· · · · · · · · · · · · · · · · · · ·	7. Name and Address of New Registered Agent			d d		
	o. Name	and Address of Current	Name	7. Name and	Address of New R	egistered Ag	ent				
SCHNIPPI	ER, SIDNE	ΕΥ									
5827 N.W.	. 25TH TE	RRACE	Street Addre			P.O. Box Number	er is Not Acceptable	?)			
BOCA RA	TON, FL	33496									
						* ***			I		
					City			۴L	Zip Code	€	
8. 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. I am familiar with, and accept											
the obligations of registered agent.											
SIGNATURE Ste John Johnson (UNIVO											
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)											
FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the											
		722 IS \$150.00 07, Fee will be \$300.0	o				orporation did	vith s. 607.1 not receive	93(2)(b), : the prior r	F.S., the lotice.	
46		OFFICERS AND	DIRECTOR	T							
10.	DVT	OFFICERS AND	v16.1	11.		ADDITIONS/	CHANGES TO OFF				
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STREET ADDRESS	ł	25TH TERRACE	1		EET ADDRESS		00081 31/060104	379	355	a oo	
CITY-ST-ZIP	BOCA RA	TON, FL 33496	CITY-		-ST-ZIP	1073	11/00010 <sub>5</sub>	13002	※※[5	บ.บบ	
TITLE	_ = ===================================		TITL	E			[	Change	☐ Addition		
NAME	SCHNIPPER, ELAINE		NA 		_						
STREET ADDRESS CITY-ST-ZIP	5827 N.W			EET ADDRESS '-ST-ZIP							
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NAME				NAM							
STREET ADDRESS					ET ADDRESS						
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 in Block 10 or Block 11 if changed, or on an attachment an address, with all other like empowered.											
SIGNATURE: Elaine Seluppi William 561361843											
<b>SIGNAT</b>	URE: _	coure	selve	PP	$\sim$		w cho			115	
		SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER	R DIREC	TOR		Date		ime Phone #		

B. Mitchell OCT 3 0 2006