PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 SEP 29 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000002392

1. Limited Liability Company's Name

World Protective Services, LLC

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address	
331 N. Corry St.	331 N. Corry St.	**4.** State/Country of Formation: FLORIDA
Suite, Apt. #, etc. A	Suite, Apt. #, etc. A	**5.** Date Organized or Qualified To Do Business in Florida: 04-27-1999
City & State: Quincy, FL.	City & State: Quincy, FL	**6.** FEI Number — ☒ Applied For / ☐ Not Applicable
Zip: 32351 Country: U.S.A	Zip: 32351 Country: U.S.A.	**7.** CERTIFICATE OF STATUS DESIRED ☐ — $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: B. J. Turner

Street Address (P.O. Box Number is Not Acceptable): 331 N. Corry St.

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Suite, Apt. #, Etc. A

City	State	Zip Code
Quincy	FL	32351

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: _[signature]_   REGISTERED AGENT MUST SIGN   Date 9-29-2005

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
President	B. J. Turner	331 N. Corry St.	Quincy, FL. 32351

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: _[signature]_   Date 9/29/2005   Daytime Phone # 850-528-8023

Typed or printed name of signing Managing Member/Manager: B. J. Turner