

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
Nov 26, 2000 8:00 A
Secretary of State

DOCUMENT # M41938

1. Corporation Name

CONTROL PROTECTION AND INVESTIGATIONS, INC.

Principal Place of Business

Mailing Address

3971 S.W. 8TH STREET
STE 206
MIAMI FL 33134
US

3971 S.W. 8TH STREET
STE 206
MIAMI FL 33134
US

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

2. New Principal Office Address, If Applicable

~~300 BISCAYNE BLVD WAY~~

3. New Mailing Office Address, If Applicable

~~300 BISCAYNE BLVD WAY~~

Suite, Apt. #, etc.

~~SUITE 1014~~

Suite, Apt. #, etc.

~~SUITE 1014~~

City & State

~~MIAMI, FL~~

City & State

~~MIAMI, FL~~

Zip

~~33131~~

Country

~~DADE~~

Zip

~~33131~~

Country

~~DADE~~

4. Date Incorporated or Qualified
To Do Business in Florida

11/19/1986

5. FEI Number

59-2739807

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	AQUINO, VIVIAN I. OUT	3931 S.W. 2ND TERRACE	MIAMI FL
D	DONATES, P. C. OUT	3021 SW 2ND TERRACE	MIAMI FL 33134
PTD	GARCIA, MAYREE	300 BISCAYNE BLVD WAY #1014	MIAMI FL 33134
			400003496574--5 -12/12/00--01028--004 ****750.00 ****750.00
			178

8. Name and Address of Current Registered Agent

AQUINO, VIVIAN I.
3931 S.W. 2ND TERRACE
MIAMI FL 33134

Name and Address of New Registered Agent

NAME MAYREE GARCIA
Street Address (P.O. Box Number is Not Acceptable)
300 Biscayne Blvd Way
Suite, Apt. #, Etc.
1014
City Miami State FL Zip Code 33131

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 10/02/00

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: X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #