

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN -8 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N000000000463

1. Corporation Name

PARTNERS IN PROTECTION
INC.

600026873526
01/13/04--01084--001 **\$1.25

REINSTATEMENT 07

2. Principal Office Address

1909 WILLOW RUN
DR

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

TALLAHASSEE

City & State

FL

Zip

32312

Country

Leon

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6-08-01

5. FEI Number

59-3718155

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Cornelia A. M. Spearing

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

1909 WILLOW RUN DR

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32312

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

CAM Spearing

REGISTERED AGENT MUST SIGN

Date 1-6-04

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	James M Spearing	1909 willow Run Dr	Tallahassee FL 32312
D	Cornelia A Spearing	1909 willow Run Dr	Tallahassee FL 32312
D	Bruce Buckley	1909 willow Run Dr	Tallahassee FL 32312

10. 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:

CAM Spearing
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cornelia A Spearing

Date

1-6-04

Daytime Phone #

850-893-8783

CR2E081 (10/02)

Partners In Protection

1909 Willow Run Drive
Tallahassee FL 32312
Phone: 850-893-8690, Fax 850-893-4214

January 6, 2004

To: Division of Corporations
P O Box 6327
Tallahassee FL 32314

Ref Number N00000000463

RE: Reinstatement fee waiver

Dear Customer Representative,

Per my conversation with your office I am sending a written request to ask for a Reinstatement Fee waiver. I am requesting that this fee be waived based upon the fact that despite all reasonable attempts to change my address with the U.S. Postal service (attachment 1) and the Division of Corporations (attachment 2) it has become clear to me that not only did the Postal Service (per their information) not forward the oversized envelope containing the 2003 Uniform Business Report, but also the address change to the Division of Corporation was not processed correctly.

I have enclosed a check in the amount of \$61.25 for the 2003 UBR and I will forward a check for 2004 upon receipt of the 2004 UBR.

Sincerely,

Cornelia Spearing
Cornelia Spearing