

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

04 JAN -9 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT# N 98000006680

1. Corporation Name

Coral Springs Protectors, Inc.

**REINSTATEMENT** 00-03

100026587211  
01/09/04--01024--001 \*\*481.25

2. Principal Office Address

4351 NW 106 AVE

Suite, Apt. #, ETC.

3. Mailing Office Address

4351 NW 106 AVE

Suite, Apt. #, etc.

City & State

Coral Springs, Fla

City & State

Coral Springs, Fla

Zip

33065

Country

Broward

Zip

33065

Country

Broward

4. Date Incorporated or Qualified  
To Do Business in Florida

11/24/1998

5. FEI Number

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

Raymond Morrissey (President)

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

4351 NW 106 AVE

Suite, Apt. #, Etc.

Coral Springs

City

Coral Springs

State

FL

Zip Code

33065

8. I, being appointed the registered agent of the above named corporation, am familiar and accept the obligations of section 0.0505 or 1.050, F.S.

Signature of  
Registered Agent

Date

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
Treas.	Joyce Morrissey	4351 NW 106 AVE	Coral Springs Fla 33065
VP	Emily Healy	9401 NW 37 CT	Coral Springs Fla 33065
Board	John Hernandez	9551 W. Sample RD	Coral Springs Fla 33065
"	Robert Feigenbaum	9551 W Sample RD	Coral Springs Fla 33065
"	Roy Arigo	2861 Coral Springs Dr	Coral Springs Fla 33065

10. I certify that I am an officer or director or trustee empowered to execute this application as provided for in chapter 001, F.S. If further certification is required in filing this reinstatement application, the reason for dissolution has been eliminated, the corporation name satisfies the requirements of section 0.001 or 1.001, F.S., 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 11.0(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:

Raymond Morrissey  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone#

1-704-54-946-1236

CR2E081(10/02)