

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT -5 PM 4:38

DOCUMENT # PO1000034523

1. Corporation Name

INCENTIVE GROUP PROTECTION SER. INC.

W06-41784

2. Principal Office Address

2800 N.W. SLAVE

Suite, Apt. #, etc.

APT. D402

City & State

LAUDERHILL, FLORIDA

Zip  
33313

Country  
U.S.A.

3. Mailing Office Address

2800 N.W. SLAVE

Suite, Apt. #, etc.

APT. D402

City & State

LAUDERHILL, FLORIDA

Zip  
33313

Country  
USA

**REINSTATEMENT** 03-06

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

04-02-01 \*

5. FEI Number

65-1098252

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

CHUCK MOGBO, P.A.

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

2800 W. OAKLAND PK BLVD, SUITE 209

Suite, Apt. #, Etc.

City

OAKLAND PARK

State

FL

Zip Code

33311

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

[Signature]

Date 09-18-06

REGISTERED AGENT MUST SIGN

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
P	Elaine Marciano	2800 N.W. SLAVE <sup>D</sup> AVE-402	LAUDERHILL, FLORIDA

400080493284  
10/05/06--01025--022 \*\*1208.75

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 contained in Chapter 119, 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: Elaine Marciano Elaine Marciano

9/15/06 9547397757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #