

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 26 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000050437

1. Corporation Name

DEFENSIVE SOLUTIONS, INC.

2. Principal Office Address

341 SANDPIPER AVE.

3. Mailing Office Address

341 SANDPIPER AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ROYAL PALM BEACH, FL

City & State

ROYAL PALM BEACH, FL

Zip

33411

Country

U.S.A.

Zip

33411

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

8 MAY 2001

5. FEI Number

65-1100593

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

CARY HAERLIN

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

341 SANDPIPER AVE.

Suite, Apt. #, Etc.

City

ROYAL PALM BEACH

State
FL

Zip Code

33411

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

Cary F. Haerlin
REGISTERED AGENT MUST SIGN

Date 5 NOV 2002

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	CARY HAERLIN	341 SANDPIPER AVE.	ROYAL PALM BEACH, FL. 33411
V	NANCY ROBERTSON	341 SANDPIPER AVE.	ROYAL PALM BEACH, FL. 33411
S	NANCY ROBERTSON	341 SANDPIPER AVE.	ROYAL PALM BEACH, FL. 33411
T	CARY HAERLIN	341 SANDPIPER AVE.	ROYAL PALM BEACH, FL. 33411

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:

Cary F. Haerlin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARY F. HAERLIN

Date

5 NOV 2002

Daytime Phone #

561 662-0244

CR2E001 (8/01)

Defensive Solutions

341 Sandpiper ave.
Royal Palm Beach, FL 33411

November 5, 2002

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Dear Sir or Madam:

I recently found that my corporation had been dissolved for failure to file an annual report. I called your office today 5 nov. 2002 and spoke with one of your inspectors who informed me of the procedure for doing so. The problem is that I moved in January 2002 and did not receive any paperwork or notifications from your office, so my company was dissolved. I wish to reinstate my company so please find enclosed the completed reinstatement form, and a check for \$150.00. I would greatly appreciate if you could expedite this as we are in the process of looking to expand our business. Thank you and should you have any questions please contact me at 561-662-0244.

Sincerely,



Cary F. Haerlin
President