2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000106256

Entity Name: FORTRESS PROTECTIVE SERVICES, INC.

FILED Oct 10, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3000 N UNIVERSITY DR 10100 W SAMPLE ROAD

408

CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065

Current Mailing Address: New Mailing Address:

P.O. BOX 771210

Title:

CORAL SPRINGS, FL 33077

FEI Number: 65-1156140 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HERNANDEZ, DAVID S 3000 NORTH UNIVERSITY DRIVE SUITE E CORAL SPRINGS, FL 33065 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DAVID HERRNANDEZ

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PS () Delete Title: PS (X) LEFFLER, JOEL Name: LEFFLER, JOEL

 Name:
 LEFFLER, JOEL
 Name:
 LEFFLER, JOEL

 Address:
 3000 N UNIVERSITY E
 Address:
 10100 W SAMPLE ROAD #408

 City-St-Zip:
 CORAL SPRINGS, FL 33065
 City-St-Zip:
 CORAL SPRINGS, FL 33065

Title: VT () Delete Title: VT (X) Change () Addition

Name:LEFFLER, LEÓNARDName:LEFFLER, LEÓNARDAddress:3000 UNIVERSITY DR EAddress:4634 ROTHSCHILD DRIVECity-St-Zip:CORAL SPRINGS, FL 33065City-St-Zip:CORAL SPRINGS, FL 33067

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEONARD LEFFLER VP 10/10/2006