

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT 17 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900060685729

10/17/05--01064--011 **300.00

REINSTATEMENT

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10/17/05--01064--011 **300.00
CR2E081 (8/05)

DOCUMENT # P01000013777

1. Corporation Name

Peace of mind protection, Inc.

2. Principal Office Address

P.O. 2579

Suite, Apt. #, etc.

City & State

Valrico, FL

Zip

33595

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

2001

5. FEI Number

593 759232

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

David P. Weinstein

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

5946 Cherry Oak Dr.

Suite, Apt. #, Etc.

City

Valrico, FL

State

FL

Zip Code

33594

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

Date 10/13/05

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
Pres	David P. Weinstein	5946 Cherry Oak Dr.	valrico, FL 33594
v Pres	David P. Weinstein	5946 Cherry Oak Dr.	valrico, FL 33594
treas	David P. Weinstein	5946 Cherry Oak Dr.	valrico, FL 33594

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:

David P. Weinstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/05

Date

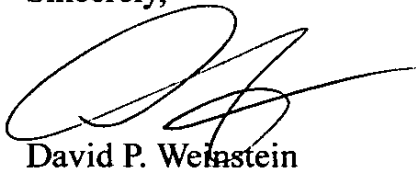
540-270-0880

Daytime Phone #

10/13/05

I am writing you to explain why I never got a chance to file my Corporate papers. I am requesting that you wave the fee. I am enclosing a check for 2004 and 2005 filing fees. I moved to Va. After finding out my son was diagnosed with Cystic Fibrosis to be near the John Hopkins Medical Center for his medical care. I did not receive the paperwork in VA. I was in a bad state of mind and just did not think to call you and change the address. I have filled out all the proper paperwork. I have spoken with someone in your office that told me to send this letter with a check for \$300.00. Please except my sincere apology and wave the additional fees at this time. My life is finally getting back in order and this will never happen again.

Sincerely,

A handwritten signature in black ink, appearing to read 'David P. Weinstein', with a large, stylized initial 'D'.

David P. Weinstein