

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 28 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000050572

1. Corporation Name

UNITED PROTECTIVE GROUP, INC.

12461 SW 130TH STREET
12461 SW 130TH STREET

2. Principal Office Address

12461 SW 130TH STREET

3. Mailing Office Address

12461 SW 130TH STREET

Suite, Apt. #, etc.

SUITE 5

Suite, Apt. #, etc.

SUITE 5

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33186

Country

USA

Zip

33186

Country

USA

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

5. FEI Number
02-0690389

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

JOSUE A. NEGRON

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

12461 SW 130TH STREET

Suite, Apt. #, Etc.

5

City

MIAMI

State

FL

Zip Code

33186

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 10/22/2004

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
PSD	JOSUE A. NEGRON	12461 SW 130TH STREET #5A	MIAMI, FL 33186

600042281486
10/23/04--01035--001 **150.00

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/2004

Date

305-803-9290

Daytime Phone #

CR2E081 (01/04)

2052
October 22, 2004

Division of Corporations
Uniform Business Report Filing
P O Box 6327
Tallahassee, Fl. 32302-1500

Ref. United Protective Group, Inc.
Doc. #P03000050572
Form: 2003 Annual Report

Dear Sir or Madame:

Due to the fact that the mailing address of the company was changed in late 2003, I had problems in receiving mail, and did not receive the notice of the Annual Report on time. I am a new business owner, therefore I would like to apologize for my inexperience, and assure you that this will not reoccur. This business is still in an organizational process, and I would like to request that any potential penalties be waived.

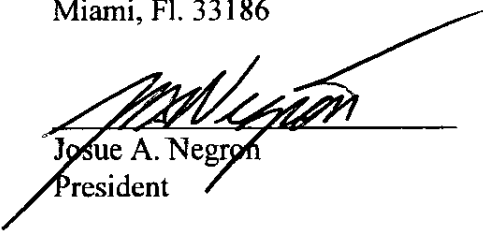
Attached please find a check in the amount of \$150.00, which I hope you will accept as the pending payment, and rest assure that I will be prompt to file in the future.

I would like to thank you in advance for your attention regarding this delicate matter. If additional information is needed, do not hesitate to contact me.

Thank you for your understanding.

Sincerely,

United Protective Group, Inc.
12461 SW 130th Street
Suite 5A
Miami, Fl. 33186


Josue A. Negrón
President