

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

CORPORATION REINSTATEMENT

VIRTUAL PROTECTIVE SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,050.00

Electronic Filing Menu

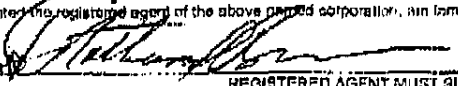
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CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P03000120229</u>					
1. Corporation Name <u>VIRTUAL PROTECTIVE SERVICES, INC.</u>					
2. Principal Office Address - No P.O. Box # <u>8568 NW 24TH COURT</u>			3. Mailing Office Address Suite, Apt. #, etc.		
City & State <u>CONAL SPRINGS FL</u>			City & State		
Zip <u>33065</u>	Country <u>BROWARD</u>	Zip	Country		
7. Name and Address of Current Registered Agent					
Name <u>NATHANIEL BROWN JR</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>8568 NW 24TH COURT</u>					
Suite, Apt. #, Etc.					
City <u>CONAL SPRINGS</u>	State <u>FL</u>	Zip Code <u>33065</u>			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.					
Signature of Registered Agent 			Date <u>12/29/08</u>		
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
<u>D</u>	<u>NATHANIEL BROWN JR</u>	<u>8568 NW 24TH COURT</u>		<u>CONAL SPRINGS FL 33065</u>	
10. I certify that I am an officer or director of 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 807.0401 or 817.0401, 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 110, 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: 			Date <u>12/29/08</u> <u>954-829-1209</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

SECRETARY OF STATE
TALLAHASSEE, FLORIDAREINSTATEMENT 06-08

CR2E081 (10/06)

4. Date incorporated or Qualified
To Do Business in Florida 10/2/035. FBI Number
700337009Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐ \$1.75 Additional Fee required for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

12/31
aw