Florida Department of State

Division of Corporations

Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000282364 3)))

H08000282364 3ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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 Corporate Filing Menu Help

FILED

09 DEC 31 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 06-08

CR2E081 (10/06)

DOCUMENT # P03000120229

1. Corporation Name
VIRTUAL PROTECTIVE SERVICES, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
8568 NW 24TH COURT	
Suite, Apt. #, etc:	Suite, Apt. #, etc
City & State: CORAL SPRINGS FL	City & State
Zip: 33065 Country: BROWARD	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/7/03

5. FEI Number: 20033409 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $4.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: NATHANIEL BROWN JR

Street Address (P.O. Box Number is Not Acceptable): 8568 NW 24TH COURT

Suite, Apt. #, Etc.:

City: CORAL SPRINGS State: FL Zip Code: 33065

☐ 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.

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: [signature] Date: 12/29/08

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
D	NATHANIEL BROWN JR	8568 NW 24TH COURT	CORAL SPRINGS FL 33065

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 contained in Chapter 119, 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] NATHANIEL BROWN 12/29/08 954-829-1809

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

12/31 aw