

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000059484

1. Corporation Name

JM PROTECTIVE SERVICES, INC.

2. Principal Office Address - No P.O. Box #

915 NE 125 ST

Suite, Apt. #, etc.

102

City & State

NORTH MIAMI

Zip

33161

Country

UNITED STATES

3. Mailing Office Address

915 NE 125 ST

Suite, Apt. #, etc.

102

City & State

NORTH MIAMI

Zip

33161

Country

UNITED STATES

4. Date Incorporated or Qualified

To Do Business in Florida 04/08/04

5. FEI Number

33-1089540

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

JAMES MESIDOR

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

915 NE 125 ST

Suite, Apt. #, Etc.

102

City

NORTH MIAMI

State

FL

Zip Code

33161

☐ 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

REGISTERED AGENT MUST SIGN

Date 02/03/2010

**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
P	JAMES MESIDOR	915 NE 125 ST, STE 102	NORTH MIAMI, FL 33161
VP	JAMES MESIDOR	915 NE 125 ST, STE 102	NORTH MIAMI, FL 33161
S	FRANK MERCADO	915 NE 125 ST, STE 102	NORTH MIAMI, FL 33161

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES MESIDOR, PRESIDENT 02/03/2010 954-658-7516

Date

Daytime Phone #

FILED

10 FEB -4 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/27/10 01039 014 758-75  
600168018096  
02/04/10--01042--015 \*\*141.25  
REINSTATEMENT (P) 05-P