


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000102425	
1. Entity Name CERTIFIED PROTECTIVE SERVICES OF CENTRAL FLORIDA, INC.	

FILED  
05 OCT -7 PM 3:33  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 14923 SYDNEY ROAD DOVER, FL 33527	Mailing Address 14923 SYDNEY ROAD DOVER, FL 33527
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2. Principal Place of Business 1407 E. Baker Street Suite, Apt. #, etc. Suite B City & State Plant City, Florida Zip 33563 Country USA	3. Mailing Address Post Office Box 1422 Suite, Apt. #, etc. Dover, Florida 33527 City & State City & State Zip 33527 Country USA
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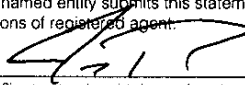


09282005 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent PHILLIPS, JASON T 14923 SYDNEY ROAD - Post Office Box 1422 DOVER, FL 33527	
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4. FEI Number 20-1234344	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, JASON T 14923 SYDNEY ROAD DOVER, FL 33527 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D, T, S PHILLIPS, JASON T. 14923 Sydney Road (P. O. Box 1422) Dover, Florida 33527 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, DAVID E 27012 CORAL SPRINGS DR WESLEY CHAPEL, FL 33543 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	20006035-1183 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/07/05-01042--002 **758.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AP 10/10 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	815-7196986
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