

06-08

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

MAY 16 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000123132

1. Corporation Name

ON-POINT PROTECTION, INC.

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

9062 SW 6th ST.

3. Mailing Office Address

P.O. BOX 970834

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

BOCA RATON, FL

City &amp; State

COCONUT CREEK, FL

Zip

33433

Country

US

Zip

33097

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

09/06/05

5. FEI Number

30-0332096

☒ Applied For☐ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required  
for a Certificate of Status

## 7. Name and Address of Current Registered Agent

Name

MICHAEL D. PUCCIO

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

9062 SW 6th ST.

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33433

☒ 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

Date 5.6.08

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
P	Michael D. Puccio	9062 SW 6th ST.	BOCA RATON, FL 33433

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.6.08

Date

561.809.3385

Daytime Phone #

SP