

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 DEC 26 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P05000142679*

1. Corporation Name

*PROFESSIONAL
PROTECTION, INC*

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

933 NW 4 ST

Suite, Apt. #, etc.

APT 207

City & State

MIAMI, FLORIDA

Zip

33128

Country

DADE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

33

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

NONE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☐ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

CR2E081 (1/07)

06-07

7. Name and Address of Current Registered Agent

Name

BHALARJ BADREE

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

933 NW 4 ST

Suite, Apt. #, Etc.

APT 207

City

MIAMI

State

FL

Zip Code

33128

☒ 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

Bhalraj Badree

Date *12/21/07*

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
<i>P</i>	<i>BHALARJ BADREE</i>	<i>933 NW 4 ST APT 207</i>	<i>MIAMI, FL, 33128</i>
<i>T</i>	<i>BHALARJ BADREE</i>	<i>933 NW 4 ST APT 207</i>	<i>MIAMI, FL 33128</i>
<i>S</i>	<i>BHALARJ BADREE</i>	<i>933 NW 4 ST APT 207</i>	<i>MIAMI, FL 33128</i>

\$12/27

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*12/26/07--01038--010 **300.00*

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:

Bhalraj Badree *BHALARJ BADREE*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/21/07 (954) 445
Date Daytime Phone # *2871*