

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUL -6 PM 4:29

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REINSTATEMENT

07-10

CR2E081 (6/10)

DOCUMENT # P05000156772

1. Corporation Name

Principal Protection Corp

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

429 Lenox Ave

Suite, Apt. #, etc.

3. Mailing Office Address

429 Lenox Ave

Suite, Apt. #, etc.

City & State

Miami Beach, Fl

City & State

Miami Beach Fl

Zip

33139

Country

USA

Zip

33139

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 11/29/2005

5. FEI Number

020760726

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

Ricardo Pertierra

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

429 Lenox Ave

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33139

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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 6.31.2012

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
President	Ricardo Pertierra	429 Lenox Ave	Miami Beach Fl 33139

10. E-mail Address: rper@principalprotectioncorp.com

(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

6/31/2012 (305)373-1070

Date

Daytime Phone #

7/89