

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2010 MAY -7 P 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05/07/10--01037--027 **750.00

CR2E081 (4/10)

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P06000044089

1. Corporation Name

Protect A Home Inc.

2. Principal Office Address - No P.O. Box # 6245 Powerline Rd

Suite, Apt. #, etc.

3. Mailing Office Address 6245 Powerline Rd

Suite, Apt. #, etc.

City & State Fort Lauderdale, FL

Zip 33309 Country Broward

4. Date Incorporated or Qualified To Do Business in Florida 3/28/06

5. FEI Number 264720304

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Aldo L. DiSorbo Jr.

Street Address (P.O. Box Number is Not Acceptable) 6245 Powerline Road

Suite, Apt. #, Etc.

City Fort Lauderdale State FL Zip Code 33309

PROFIT CORPORATIONS ONLY
☒ The \$600.00 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 5/6/10

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
<u>P</u>	<u>Aldo L. DiSorbo</u>	<u>6245 Powerline Rd</u>	<u>Fort Lauderdale, FL 33309</u>

REINSTATEMENT

08-10
QSS

10. E-mail Address: marketing@movingcost.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

5/6/10

Date

Daytime Phone #