

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUN -7 PM 3:47

KS

700181776377
06/07/10--01063--009 **450.00

DOCUMENT # **P06000064676**
1. Corporation Name
**Homeland Intelligence Protective
Services Inc.**

2. Principal Office Address - No P.O. Box # 7323 W. Flagler ST. Suite, Apt. #, etc. Suite - B. City & State Miami, FL. Zip 33144 Country "USA"	3. Mailing Office Address 7323 W. Flagler ST. Suite, Apt. #, etc. Suite - B. City & State Miami, FL. Zip 33144 Country "USA."
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REINSTATEMENT (10) **08-10**

4. Date Incorporated or Qualified To Do Business in Florida	Applied For
5. FEI Number 71-1004205	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent
Name
Mr. Elier Cruz.
Street Address (P.O. Box Number is Not Acceptable)
7323 W. Flagler St.
Suite, Apt. #, Etc.
Suite - B
City
Miami, FL. State
FL Zip
33144

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 **Elier Cruz** Date **5/22/2010**
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/D	Elier Cruz	7323 W. Flagler ST.	Miami, FL 33144

10. E-mail Address: **ECRUZPI@GMAIL.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:

Elier Cruz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/2010 305-522-4222

Date

Daytime Phone #