

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000138187

1. Entity Name
PERSONAL PROTECTIONS SOLUTIONS OF LEE CTY INC



Principal Place of Business
**9700 MERLE DR
N FT MYERS, FL 33917**

Mailing Address
**9700 MERLE DR
N FT MYERS, FL 33917**

2. Principal Place of Business - No P.O. Box #
4523-A South Del Prado Blvd.

3. Mailing Address
4523-A South Del Prado Blvd.

Suite, Apt. #, etc.

City & State
Cape Coral, FL

Zip
33904

Country
USA

6. Name and Address of Current Registered Agent
**CARY, DAVID W
1325 C DEL PRADO BLVD S
CAPE CORAL, FL 33990**



REINSTATEMENT 04022008 REINSTATEMENT 07-08

4. FEI Number
20-5813987

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name
Youssef Rashid

Street Address (P.O. Box Number is Not Acceptable)
8695 College Pkwy, Suite 348

City
Fort Myers

FL

Zip Code
33919

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **4/2/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT ANNAZONE, ANTHONY 9700 MERLE DR N FT MYERS, FL 33917 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200123249252 04/14/08--01031--024 **\$300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ANNAZONE, PETER 9700 MERLE DR N FT MYERS, FL 33917 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JOHN DERRIG 4523-A DEL PRADO BLVD SOUTH CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **PETER ANNAZONE 4-1-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #