

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000088731

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** PROTECTION CONCEPTS, CORP.

**Current Principal Place of Business:**

735 NE 5TH AVE SUITE #2  
FT. LAUDERDALE, FL 33335

**New Principal Place of Business:**

2445 SW 18 TERRACE  
SUITE.506  
FT. LAUDERDALE, FL 33315

**Current Mailing Address:**

735 NE 5TH AVE SUITE #2  
FT. LAUDERDALE, FL 33335

**New Mailing Address:**

PO BOX 350192  
FT. LAUDERDALE, FL 33305

**FEI Number:** 27-1264402

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WHAT A REFUND, INC.,  
2817 SW 177TH AVE  
MIRAMAR, FL 33029 US

**Name and Address of New Registered Agent:**

WHAT A REFUND, INC  
2817 SW 177TH AVE  
MIRAMAR, FL 33029 US

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.

SIGNATURE: WILLIE CACERES

01/06/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: QUINONES, EDWIN C  
Address: 2445 SW 18 TERRACE SUITE.506  
City-St-Zip: FT. LAUDERDALE, FL 33315

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EDWIN QUINONES

P

01/06/2011

Electronic Signature of Signing Officer or Director

Date