

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

14 DEC 29 AM 9:38

SECRET  
TALLAHASSEE FLORIDA

DOCUMENT # P10000080636

1. Corporation Name

**Threat Reduction Group Inc.**

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

3. Mailing Office Address

3059 Waterford Drive

3059 Waterford Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tallahassee, FL

Tallahassee, FL

Zip

Country

Zip

Country

32309

USA

32309

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

10/02/2010

5. FEI Number

273605974

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

David Binder

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

3059 Waterford Drive

Suite, Apt. #, Etc.

City

State

Zip Code

Tallahassee

FL

32309

300267803193  
12/29/14--01002--002 \*\*750.00

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

Date 12/29/14

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,V,S,T	David B Binder	3059 Waterford Drive	Tallahassee, FL 32309

**REINSTATEMENT**

**S. HAWKES**

DEC 29 AM

**EXAMINER**

10. E-mail Address: dbbinder1@yahoo.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/14

850.251.5242

Date Daytime Phone #