

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P12000081102

**Entity Name:** AMR PROTECTION AGENCY INC

**FILED**  
**Oct 01, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

2439 SE 14TH AVENUE  
HOMESTEAD, FL 33035

**New Principal Place of Business:**

**Current Mailing Address:**

2439 SE 14TH AVENUE  
HOMESTEAD, FL 33035

**New Mailing Address:**

**FEI Number:** 46-1062678

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MENDEZ, WILFRIDO  
2439 SE 14TH AVENUE  
HOMESTEAD, FL 33035 US

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

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:** WILFRIDO MENDEZ

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** MENDEZ, WILFRIDO  
**Address:** 2439 SE 14TH AVENUE  
**City-St-Zip:** HOMESTEAD, FL 33035

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:** WILFRIDO MENDEZ

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

10/01/2013

\_\_\_\_\_  
Date