

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS



FILED

99 MAR -9 PM 3:24

FLORIDA DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P35908**

1. Corporation Name  
**ASSET PROTECTION TEAM, INC.**

Principal Place of Business Mailing Address  
 10467 WHITE GRANITE DRIVE, SUITE 210 10467 WHITE GRANITE DRIVE, SUITE 210  
 OAKTON VA 22124 OAKTON VA 22124

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**REINSTATEMENT** 1998-1999

4. Date Incorporated or Qualified To Do Business in Florida	7/14/1991
5. FEI Number	54-1304807
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City & State
S	WEGNER, BRENT	10467 WHITE GRANITE DRIVE, #210	OAKTON VA
V	SHEAFE, LARRY	10467 WHITE GRANITE DR	OAKTON VA
P	JOHNSON, DAVID P.	10467 WHITE GRANITE DR.	OAKTON VA
T	POLLARD, JOEL H	10467 WHITE GRANITE DR STE 210	OAKTON VA
V	SHEPPARD, GARY O	10467 WHITE GRANITE DR., #210	OAKTON VA

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 \*\*\*\*\*158.75 \*\*\*\*\*158.75

8. Name and Address of Current Registered Agent

**C 1-CORPORATION SYSTEM**  
 1200 SOUTH PINE ISLAND RD.  
 PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt #, Etc  
 City  
 State Zip Code  
**FL**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  
 Signature of Registered Agent: *[Signature]* REGISTERED AGENT MUST SIGN Date: 03/04/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: *[Signature]* 2.9.99 703.385.6754  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP22000 (9/98)