

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

00 DEC 26 AM 9: 21

SECRETARY 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 OAKTON VA 22124	10467 WHITE GRANITE DRIVE, SUITE 210 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	4. Date Incorporated or Qualified To Do Business in Florida	10/14/1991
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number	54-1304807
City & State	City & State	Applied For	Not Applicable
Zip	Country	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	City / State / Zip
S	WEGNER, BRENT	10467 WHITE GRANITE DRIVE, #210	OAKTON VA
V	SHEAFE, LARRY	10467 WHITE GRANITE DR	OAKTON VA
P	JOHNSON, DAVID P. CHARLES F. Vance	10467 WHITE GRANITE DR.	OAKTON VA
T	POLLARD, JOEL H. KIM JACKSON	10467 WHITE GRANITE DR STE 210	OAKTON VA
V	SHEPPARD, GARY O	10467 WHITE GRANITE DR., #210	OAKTON VA

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324	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: *Barbara A. Burke* SPECIAL ASSISTANT SECRETARY Date: 12/19/00

REGISTERED AGENT MUST SIGN

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., 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: *Kim Jackson* KE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 12/8/00 Daytime Phone #: 703-218-4246

CR2E040 (6/00)

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10467 White Granite Drive, Oakton, VA 22124-2700
(800) 533-6754 • (703) 385-6754 • FAX: (703) 359-8456
www.vancesecurity.com
License #11-1457

December 8, 2000

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

We have recently received your revocation notice, document number P35908. Our records indicate that we did not receive the 2000 Corporate Annual Report or notices/reminders to file. We request that the Florida Division of Corporation review our file, you will find we have timely filed the annual Corporate Report in past years. To that end, we write to request a waiver on the reinstatement fee. Enclosed is our application for reinstatement.

Thanking you in advance for this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Tiffany Huynh-Nguyen', written in a cursive style.

Tiffany Huynh-Nguyen
Senior Staff Accountant