

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 17 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P950000091180

1. Corporation Name
Metro Guard Protection Services, Inc.

2. Principal Office Address

435 Hialeah Dr.

Suite, Apt. #, etc.

4

City & State

Hialeah Fl.

Zip

33010

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/95

5. FEI Number

65-0621675

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

Ernesto Lauzardo

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

435 Hialeah Dr. #4

800025562828

12/17/03--01065--010 **150.00

Suite, Apt. #, Etc.

City

Hialeah Fl.

State

FL

Zip Code

33010

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

[Signature]

Date

12/10/03

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	Ernesto Lauzardo	6455 W. 10th Ct. Hialeah, Fl.	33012

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/10/03

METRO GUARD SECURITY AGENCY, INC
435 HIALEAH DRIVE
SUITE # 4
HIALEAH, FLORIDA 33010

December 12, 2003

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

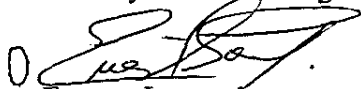
REF: Document # s: P95000091180
ANNUAL REPORT

To whom it may concern:

Please find enclosed \$ 150.00 as requested for annual report for my corporation. We never received a renewal notice and therefore were not aware that the corporation had been dissolved.

Upon calling the Division of Corporations we were advised to report our new address and submit \$ 150.00 as penalties would be waived.

Thank you and best regards,



Ernesto Lauzardo

President.