

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
00 AUG 14 PM 12:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 96000015965  
1. Corporation Name Protec Security Guard Inc.

2. Principal Office Address  
1800 SW 1 Street

Suite, Apt. #, etc.  
#307

City & State  
Miami, FL

Zip 33135 Country US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

**REINSTATEMENT** 09-00

4. Date Incorporated or Qualified  
To Do Business in Florida 8/98

5. FEI Number  
65-0648232

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  
Sheila Ledesma

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

19050 NW 54 Ave

Suite, Apt. #, Etc.

City  
Miami

200003384812-6

-09/07/00--01013--024

\*\*\*\*900.00 \*\*\*\*900.00

State  
FL

Zip Code  
33055

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]

Sheila Ledesma  
REGISTERED AGENT MUST SIGN

Date 7/18/00

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
<u>President</u>	<u>Sheila Ledesma</u>	<u>19050 NW 54 Ave</u>	<u>Miami, FL, 33055</u>
<u>Secretary</u>			
<u>Treasurer</u>			

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sheila Ledesma

Date

7/18/00

Daytime Phone #

(305)

649-4700

CR2E081 (9/99)