

# 2005 FOR PROFIT CORPORATION REINSTATEMENT



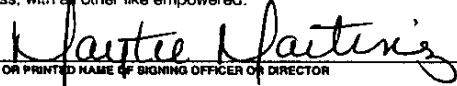
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10122005 REIN-P CR2E088 (6/04)

<b>DOCUMENT # P96000015965</b>					
1. Entity Name <b>PROTEC SECURITY GUARD, INC.</b>					
Principal Place of Business <b>245 SE 1 STREET, SUITE 401 MIAMI, FL 33131</b>			Mailing Address <b>P.O. 310878 MIAMI, FL 33231</b>		
2. Principal Place of Business		3. Mailing Address <b>245 SE 1 Street # Suite 401</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>MIAMI FL</b>			
Zip	Country	Zip	Country	4. FEI Number <b>65-0648232</b>	
<b>33131</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>MARTINEZ, MAYTEE 245 SE 1 STREET, SUITE 401 MIAMI, FL 33131</b>				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City				<b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 				DATE <b>10-10-05</b>	
Signature, typed or printed name of registered agent, and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MARTINEZ, MAYTEE</b>		NAME	<b>700060690777</b>	
STREET ADDRESS	<b>245 SE 1 STREET, SUITE 401</b>		STREET ADDRESS	<b>10/18/05--01004--001 **150.00</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33131</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			DATE: <b>10/10/05</b> DAYTIME PHONE: <b>305-358-7484</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		

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