

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P96000041625**

1. Corporation Name

SHOMER PROTECTIVE SERVICES, INC.

Principal Place of Business

**15 ROYAL PALM WAY, UNIT 303
BOCA RATON FL 33432**

Mailing Address

**15 ROYAL PALM WAY, UNIT 303
BOCA RATON FL 33432**

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

2. New Principal Office Address, If Applicable

**6971 N. Federal Hwy Ste 401
Suite, Apt. #, etc.**

3. New Mailing Office Address, If Applicable

**6971 N. Federal Hwy Ste 401
Suite, Apt. #, etc.**

City & State

Boca Raton, FL

City & State

Boca Raton FL

Zip Country

33487 Palm Beach

Zip Country

33487 Palm Beach

4. Date Incorporated or Qualified
To Do Business in Florida

05/15/1996

5. FEI Number

65-0665553

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PVST	DAVIDSON, KENNETH A	15 ROYAL PALM WAY, UNIT 303	BOCA RATON FL 33432

800002996610-3
-09/24/99--01075--013
***1050.00 ***1050.00

Handwritten signature

8. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

9. Name and Address of New Registered Agent

Name

KENNETH A. DAVIDSON

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

6971 N. FEDERAL HWY STE 401

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33487

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

Handwritten signature of Kenneth A. Davidson

REGISTERED AGENT MUST SIGN

Date **9/15/99**

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:

Handwritten signature of Kenneth A. Davidson

KENNETH A. DAVIDSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/99

Date

561-999-0093

Daytime Phone #