

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P97000016792

1. Corporation Name

COBRA PROTECTIVE SERVICES, INC.

Principal Place of Business

Mailing Address

2107 NW 23 ST.  
MIAMI FL 33142

2107 NW 23 ST.  
MIAMI FL 33142

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

2. New Principal Office Address, If Applicable

1701 SW 84 COURT

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1701 SW 84 COURT

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

02/21/1997

5. FEI Number

65-0732405

Applied For

Not Applicable

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33155

Country

DADE

Zip

33155

Country

DADE

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	4 City / State / Zip
D	BRITO, MAURO D	2107 NW 23 ST.	MIAMI FL 33142

100004714011--5  
-12/07/01--01027--028  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRITO, MAURO D  
2107 NW 23 ST.  
MIAMI FL 33142

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*SIGNATURE REQUIRED*

Date 11-08-01

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:

*SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-08-01

FILED  
01 NOV 13 PM 4:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2040 (8/01)