

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 998 060071024

1. Corporation Name

Protectgard Corp.

Principal Place of Business
6468 NW 77th Ct.
Miami, FL 33166

Mailing Address
6468 NW 77th Ct.
Miami, FL 33166

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

c/o Jerry M. Brick

Suite, Apt. #, etc.

2079 Wantagh Ave.

City & State

Wantagh, NY

Zip

11793

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/13/98

5. FEI Number

65-0858549

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
Pres.	Vivek Kohli	145 W. 67th St., # 5G	New York, NY 10023
			300003076613--0 -12/21/99--01055--029 ****750.00 ****750.00

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8. Name and Address of Current Registered Agent

Kohli, Vivek
6468 77th Ct.
Miami, FL 33166

9. Name and Address of New Registered Agent

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 the registered agent.

Signature of
Registered Agent

Vivek Kohli

REGISTERED AGENT MUST SIGN

11. This corporation owes 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 my signature on any other document.

SIGNATURE:

Vivek Kohli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VIVEK KOHLI

Date

212-245-9121
Daytime Phone #

CR2E081 (12/98)