

1062

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 10 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000090357

1. Corporation Name

EXECUTIVE PROTECTION SERVICES &
INVESTIGATION INC.

2. Principal Office Address

701 SW 142ND AVE.

3. Mailing Office Address

Suite, Apt. #, etc.

PLYMOUTH \$101

Suite, Apt. #, etc.

City & State

PEMBROKE PINES

City & State

Zip

FL

Country

33027

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/22/1998

5. FEI Number

65-0871095

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ALLAN SAPERSTEIN

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

701 SW 142ND AVE.

Suite, Apt. #, Etc.

PLYMOUTH \$101

City

PEMBROKE PINES

State

FL

Zip Code

33027

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0605 or 817.0603, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ALLAN SAPERSTEIN	701 SW 142ND AVE.	PEMBROKE PINES, FL 33027

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 807 or 817, 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 807.0401 or 817.0401, 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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (10/02)

2 of 2

Saperstein Enterprises L.P.

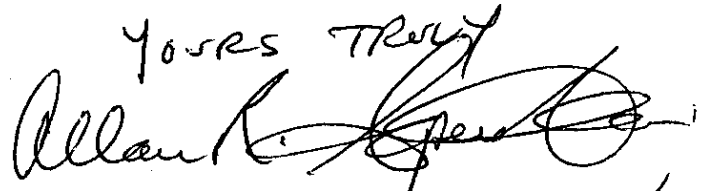
701 S.W. 142nd Ave.
Apt S101
Pembroke Pines Fl. 33027

Phone 954-441-1747
Fax 954-441-1714
Email sapersteinelp@aol.com

10/10/03

To whom It May Concern.

I haven't received the UBR for
SAPERSTEIN INC & EXECUTIVE PROTECTION
SERVICES & INVESTIGATION INC. ENCLOSED
PLEASE FIND (2) checks - each for \$150.00
to SATISFY THE UBR 2003 STATED ABOVE.
FOR EACH OF THEM.

Yours Truly

ALLAN R SAPERSTEIN
PRESIDENT / GEN PARTNER.