1 of 2

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

000023920340
10/15/03--01040--028 **150.00

DOCUMENT # P98000090357

1. Corporation Name
EXECUTIVE PROTECTION SERVICES & INVESTIGATION INC.

2. Principal Office Address	3. Mailing Office Address
701 SW 142ND AVE.	
Suite, Apt. #, etc.: PLYMOUTH S101	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 ☐ $8.75 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 S101
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 607.0505 or 617.0503, F.S.

Signature of Registered Agent: X _____ Date: _____
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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

Titles	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 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: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Saperstein Enterprises L.P.

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

Phone 954-441-1747
Fax 954-441-1714
Email sapersteinentlp@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.