PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED
DOCUMENT # Pag 1. Comporation Name Protech lightning	Security of Florida, inc.	
2. Principal Office Address 1000 NE 119 HL st Biscayne Park Suite, Apt. #, etc.	3. Mailing Office Address Zip 33161 PO box 613171 Sulte, Apt. #, etc.	REINSTATEWENT <u>0/-03</u>
		4. Date Incorporated or Qualified To Do Business in Florida
City & State	City & State North Miami	5. FEI Number Applied For
Biscayne Park FL Zip Country	Ztp Country	65 090 167 Not Applicable
33161 USA	33161 USA	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
Name Charles Hereford Street Address (P.O. Box Number is Not Acceptable) 19370 Collins are apt 819 Sunny Isles Beach FL 33160 Suite, Apt. #, Etc. 94		
8. I, being appointed the registered agent of the above Signature of Registered Agent	ye named corporation, am familiar with and accept the of	bligations of section 607.0505 or 617.0503, F.S. Date $9 / 97 / 03$
9. Names and Street Addresses of Each Officer and	d/or Director (Florida nonprofit corporations must list at le	ast 3 directors)
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
Vf Stare Securi	1 -1000-NE11945 Street	3-3-
		6000226360 06
		05, 25, 55 5155 555 7755175
•		
this reinstatement application, the reason for dissowed by the corporation have been paid and the on this application is true and accurate, and my significant structures.	olution has been eliminated, the corporate name satisfies	provided for in chapter 607 or 617, F.S. I further certify that when filing is the requirements of section 607.0401 or 617.0401, F.S., that all fees an exemption under section 119.07(3)(i), F.S. The information indicated or oath. 10