

1072

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 26 AM 8:00

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000014399

1. Corporation Name

CAPITAL PROTECTION INC.

REINSTATEMENT 03-04

400027544364
01/26/04--01012--001 **300.00

MRS

2. Principal Office Address

2400 Forsyth Rd

Suite, Apt. #, etc.

112

City & State

Orlando FL

Zip

32807

Country

USA

3. Mailing Office Address

19720 Robertson St

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32833

Country

USA.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

593599068

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

Pedro J Rodriguez

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

19720 Robertson St.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32833

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/15/04

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
Pres.	Pedro J Rodriguez	19720 Robertson St.	Orl. FL 32833
VICER	Gledys J Rodriguez	19720 Robertson St.	Orl FL 32833

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:

[Signature]
SIGNATURE AND TITLED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PEDRO J RODRIGUEZ

Date

1/15/04

Daytime Phone #

(407)380-0563

CR2E081 (10/02)

292

Capital Protection Inc.

19720 Robertson Street

Orlando, FL 32833

Phone: (407) 380-0563 FAX: (407) 657-9612

January 15, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

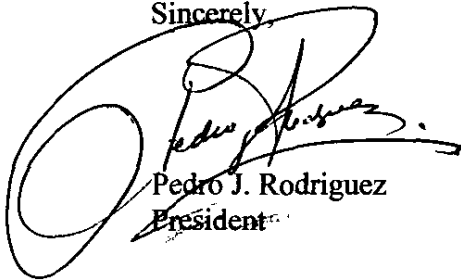
To whom it may concern,

After speaking with the representative on the phone during which I was inquiring why my corporation was put on in-active list. It came to my attention that you have probably been mailing the forms to the wrong address. For in February 2002, I moved to 857 Wages way, Orlando FL, 32825. In November 2002 I moved to a new residence. Do to all the stress related to the 9-11 situation, moving, economic issues and other health matters I quite didn't realize that I was suppose to file the corporation returns. Since there was no mail coming into my new address this also helped with this over sight.

I questioned my wife on the issue and she assures me that no such documentation has been in the mail. I am attaching to this letter the reinstatement form with \$300 for the 2003 and 2004 report fee and I am formally requesting a dismissal of the re-instatement fee. This has been a very hard year for all of us. And we could really use your sympathy and your benevolence.

I'm also notifying you of my new mailing address: 19720 Robertson St., Orlando, FL 32833. If you check public records you will see that I moved on November 2002. I also attach a copy of my drivers license with the wages way address which I need to change.

Sincerely,



Pedro J. Rodriguez
President