

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED
02 JAN 14 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000049917

1. Corporation Name

DIGITAL PROTECTION, INC

2. Principal Office Address

1445 Marble Crest Way

Suite, Apt. #, etc.

City & State

Winter GARDEN, FL

Zip

34787

Country

USA

3. Mailing Office Address

1445 Marble Crest Way

Suite, Apt. #, etc.

City & State

Winter Garden, FL

Zip

34787

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/27/1999

5. FEI Number

593640282

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Phillip S. TATE

7. Name and Address of Current Registered Agent

Name

1445 Marble Crest Way

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

Suite, Apt. #, Etc.

City

Winter Garden

State

FL

Zip Code

34787

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

Phillip S. Tate

Date

1/11/2002

REGISTERED AGENT MUST SIGN

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	PHILLIP TATE	1445 Marble Crest Way	Winter Garden, FL 34787
V	ANITA TATE	1445 Marble Crest Way	Winter Garden, FL 34787

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:

Phillip S. Tate

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/11/2002 407-718-0876

Daytime Phone #

CR2E081 (9/01)