

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **519651**

1. Corporation Name

ALLIANCE PROTECTION CORPORATION

Principal Place of Business

Mailing Address

10621 N. Kendall Drive Suite 216
Miami, FL 33176-1530

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
14388 S.W. 142 Ave.

Suite, Apt. #, etc.

City & State
Miami, FL

Zip

33186

Country

USA

3. New Mailing Office Address, If Applicable
14388 S.W. 142 Ave.

Suite, Apt. #, etc.

City & State
Miami, FL

Zip

33186

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/17/1990

5. FEI Number

65-0242389

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres.	Sedaghat, Behzad	14388 S.W. 142 Ave.	Miami, FL 33186
V. Pres.	Sedaghat, Bahram	14388 S.W. 142 Ave.	Miami, FL 33186

REINSTATEMENT

8. Name and Address of Current Registered Agent

Tabrizi, Marzieh
9635 SW 115 Ct.
Miami, FL 33176

9. Name and Address of New Registered Agent

Name

Sedaghat, Bahram

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

14388 S.W. 142 Ave.

Suite, Apt. #, Etc.

City

Miami,

State

FL

Zip Code

33186

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Bahram Sedaghat

Date

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☐

(See other side for information
on intangible tax.)

12. 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:

Bahram Sedaghat

BAHRAM SEDAGHAT

Date

Daytime Phone #

4/17/97
(305) 255-2238

CR2040 (1/96)