


1082

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 FEB -8 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V10522

1. Corporation Name
ACTIVE PROTECTIVE SERVICES, INC

300066553663
02/24/06--01011--015 **450.00

2. Principal Office Address 8252 NW 70 ST Suite, Apt. #, etc. M City & State MIAMI FL Zip 33166 Country USA		3. Mailing Office Address PO Box 330821 Suite, Apt. #, etc. City & State MIAMI FL Zip 33133 Country USA	
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4. Date Incorporated or Qualified To Do Business in Florida JAN 30 1992

5. FEI Number 650318998 **Applied For** ☐ **Not Applicable** ☒

6. CERTIFICATE OF STATUS DESIRED ☐ \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

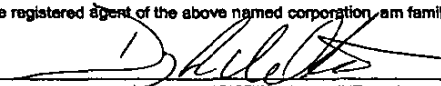
Name: DIEGO DEL PINO SR.

Street Address (P.O. Box Number is Not Acceptable): 8252 NW 70 ST

Suite, Apt. #, Etc.

City: MIAMI State: FL Zip Code: 33166

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:  Date: 1/25/06


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
PD	DIEGO R. DEL PINO	4407 ANDERSON ROAD	CORAL GABLES FL 33146
VD	DIEGO DEL PINO SR	5101 COLLINS AVE	MIAMI BEACH FL 33140

300066553663
02/24/06--01011--016 **500.00

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)(l), 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:  DIEGO R. DEL PINO 1/25/06 305 591 8282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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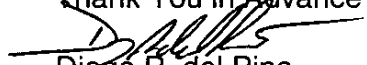
January 24, 2006

Department of State
State of Florida

Dear Sirs,

As the president of Active Protective Services, Inc. I am writing you because I am trying to get my company reinstated by your office. We were not able to do so for the last couple of years due to an extreme case of financial hardship. We are trying to comply with every single requirement both from the State and the County and have attached a certified check for the outstanding years, as well as 2006, and wish that you please take this into account when considering our request.

Thank You in Advance for your understanding,


Diego R. del Pino
President

