

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# V10522

**FILED**  
**Oct 07, 2010**  
**Secretary of State**

**Entity Name:** ACTIVE PROTECTIVE SERVICES, INC.

**Current Principal Place of Business:**

4902 SW 72ND AVENUE  
MIAMI, FL 33155 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 330821  
MIAMI, FL 33133 US

**New Mailing Address:**

4902 SW 72ND AVENUE  
MIAMI, FL 33155 US

**FEI Number:** 65-0318998

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEL PINO, DIEGO SR.  
4902 SW 72ND AVENUE  
MIAMI, FL 33155 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DIEGO DEL PINO

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: DEL PINO, DIEGO R  
Address: 4407 ANDERSON RD  
City-St-Zip: CORAL GABLES, FL 33146

Title: VD  
Name: DEL PINO, DIEGO SR.  
Address: 5101 COLLINS AVENUE  
City-St-Zip: MIAMI, FL 33140 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DIEGO DEL PINO

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

VD

10/07/2010

\_\_\_\_\_  
Date