

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -3 PH 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V10522**

1. Corporation Name

ACTIVE PROTECTIVE SERVICES, INC.

[Handwritten signature]

REINSTATEMENT 2003

300025172303
12/03/03--01007--023 **750.00

2. Principal Office Address

8252 NW 70 Street

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 330821

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33166

Country

USA

Zip

33133

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/30/1992

5. FEI Number

65-0318998

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

DIEGO DEL PINO SR.

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

8252 NW 70 Street

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

[Handwritten signature]

Date

11/3/03

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
DV	DIEGO del PINO, SR.	5701 COLLINS AVE.	MIAMI BEACH, FL 33142
DS	ERIC del PINO	770 BRICKELL KEY #508	MIAMI FL 33131

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:

[Handwritten signature] **PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/3/03
Date

305-591-8282
Daytime Phone #

CR2E081 (10/02)