

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# V30581

FILED
Oct 21, 2009
Secretary of State

Entity Name: SECURITY PROTECTION SYSTEMS, INC.

Current Principal Place of Business:

4217 N. LAUBER WAY
TAMPA, FL 33614 US

New Principal Place of Business:

4217 N LAUBER WAY
TAMPA, FL 33614 US

Current Mailing Address:

4217 N. LAUBER WAY
TAMPA, FL 33614 US

New Mailing Address:

4217 N LAUBER WAY
TAMPA, FL 33614 US

FEI Number: 59-3121441

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPURLIN, CRISTINE R MS
4217 N. LAUBER WAY
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

FRUSHONE, ROBERT S
4217 N. LAUBER WAY
TAMPA, FL 33614 US

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: ROBERT S FRUSHONE

10/21/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: FRUSHONE, ROBERT S MR.
Address: 4217 N. LAUBER WAY
City-St-Zip: TAMPA, FL 33614 US

Title: S, T (X) Delete
Name: VERDECIA, ANTHONY J MR.
Address: 4217 N. LAUBER WAY
City-St-Zip: TAMPA, FL 33614 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,S (X) Change () Addition
Name: FRUSHONE, ROBERT S
Address: 4217 N. LAUBER WAY
City-St-Zip: TAMPA, FL 33614 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT S FRUSHONE

P,S

10/21/2009

Electronic Signature of Signing Officer or Director

Date