

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F10000004592

FILED
Oct 07, 2011
Secretary of State

Entity Name: BALLISTIC RECOVERY SYSTEMS, INC.

Current Principal Place of Business:

380 AIRPORT RD
SOUTH ST PAUL, MN 55075

New Principal Place of Business:

Current Mailing Address:

380 AIRPORT RD
SOUTH ST PAUL, MN 55075

New Mailing Address:

FEI Number: 41-1372079 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

VALDEZ, SEBASTIAN
2240 NW 15TH CT
POMPANO BEACH, FL 33069 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: KRISTIE HARRIS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DCEO
Name: WILLIAMS, LARRY E
Address: 2240 NW 15TH CT
City-St-Zip: POMPANO BEACH, FL 33069

Title: PS
Name: WILLIAMS, LARRY E
Address: 2240 NW 15TH CT
City-St-Zip: POMPANO BEACH, FL 33069

Title: DCFO
Name: VALDEZ, SEBASTIAN
Address: 2240 NW 15TH CT
City-St-Zip: POMPANO BEACH, FL 33069

Title: T
Name: VALDEZ, SEBASTIAN
Address: 2240 NW 15TH CT
City-St-Zip: POMPANO BEACH, FL 33069

Title: D
Name: POPOV, BORIS
Address: 380 AIRPORT RD
City-St-Zip: SOUTH ST PAUL, MN 55075

Title: D
Name: DE CARALT, FERNANDO
Address: 380 AIRPORT RD
City-St-Zip: SOUTH ST PAUL, MN 55075

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: SEBASTIAN VALDEZ

Electronic Signature of Signing Officer or Director

CFO

10/07/2011

Date