2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 08, 2007
Secretary of State

DOCUMENT# N02000007034

Entity Name: MIKE'S SAFETY CORP.

Current Principal Place of Business:

15715 S.W. 303 TERRACE
HOMESTEAD, FL 33033 US

New Principal Place of Business:

Current Mailing Address:

15715 S.W. 303 TERRACE
HOMESTEAD, FL 33033 US

New Mailing Address:

FEI Number: 13-4211939 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MC CABE, LAWRENCE C
15715 S.W. 303 TERRACE
HOMESTEAD, FL 33033 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: LAWRENCE C. MCCABE

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MCCOBE, LAWREWCE
Address: 15715 SW 303 TERR
City-St-Zip: HOMESTEAD, FL 33033

Title: VPT ( ) Delete
Name: ECONOMODOYLOS, ZONQICA
Address: 1014 SW 41 ST
City-St-Zip: MIAMI, FL 33178

Title: T ( ) Delete
Name: VORGAS, ISABEL
Address: 15715 SW 303 TERR
City-St-Zip: HOMESTEAD, FL 33033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change ( ) Addition
Name: VARGAS, ISABEL
Address: 15715 SW 303 TERR
City-St-Zip: HOMESTEAD, FL 33033

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE C. MCCABE OWNE 10/08/2007

Electronic Signature of Signing Officer or Director — Date