2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED:

Principal Place of Business 7319 CAMERON STREET CENTRAL LAKE, MI 49622 US 2. Principal Place of Business Suite, April 4, etc Suite, April 4, etc Suite, April 4, etc Cry & Suite City &	DOCUMENT # F0000001845 1. Entity Name SECOND CHANCE BODY ARMOR, INC.					05 JUN -3 AM II: 06 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal Place of Buraness Sure, Apt *, etc Sure, Apt *, etc City & State City	7919 CAMERON STREET P.O. BOX 578				// Co.L.	vi vaoce, ertigitija			
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Cry & State City & State City & State City & State Country Co	2. Principal Place of Business 3. Mail		3. Mailing Address	Mailing Address					
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8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SQUTH PINE ISLAND ROAD PLANTATION, FL 33324 8. 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. I am familiar with, and accept the obligations of registered agent. SiGNATURE Signature hypother outlines agent and her recordable. FILE NOW!!! FEE IS \$300.00 In accordance with is 607.193(2)(b), F.S., the corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTE PD ADAIIS, RICHARD SIREI ADDRESS 2252 MUCKLE ROAD CENTRAL LAKE, MI 49622 DITY-ST-ZP VD Delee MAKE VD DAVIS SIREI ADDRESS TAA VERSE CITY, MI 49686 TRUE WAA SIREI ADDRESS SIREI	City & State		City & State						
Name CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD	Zip	Country	Zip	Country 5. Cert		of Status Desired			
Size Address (PO Box Number is Not Acceptable) Size Address (PO Box Number is Not Acceptable) City FL Zp Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Sprature, speed or priced name of registered agent and Med appeable. FILE NOW!!! FEE IS \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DAVIS, RICHARD SIRET ADDRESS OITY-ST-ZP WAR MCCRANEY, KAREN MAE MCCRANEY, KAREN MCCRANEY, KAREN MCCRANEY, KAREN MCCRANEY, KAREN MAE MAE MAE MAE MAE MAE MAE M		B. Name and Address of Current	Registered Agent		7. Name and	7. Name and Address of New Registered Agent			
Sireet Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent and vie a appraisance registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature yound or printed name of registered agent and vie a appraisance registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. FILE NOW!!! FEE IS \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE DAVIS, RICHARD MAME DAVIS, RICHARD STREET ADDRESS DETY-SI-2P TITLE VD MCCRANEY, KAREN MCCRANEY, MAREN MCCRANEY,	C T CORPO	DRATION SYSTEM		Name					
8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Fam familiar with, and accept the obligations of registered agent. SIGNATURE Syrature yold or prind name of registered logist and Me / applicable. (NOTE: Registered Agent stignature required when nithratethin) DATE In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DAVIS, RICHARD STREET ADDRESS CENTRAL LAKE, MI 49622 DIV-ST-2P TITLE VD MCCRANEY, KAREN MAKE STREET ADDRESS CITY-ST-2P TITLE VD MAKE BANDUCCI, PAUL STREET ADDRESS CITY-ST-2P TRAVERSE CITY, MI 49686 CITY-ST-2P TRAVERSE CITY, MI 49686 TITLE VS Debter TITLE VMAKE STREET ADDRESS CITY-ST-2P TRAVERSE CITY, MI 49686 CITY-ST-2P TRAVERSE CITY, MI 49686 TITLE VMAKE STREET ADDRESS CITY-ST-2P TRAVERSE CITY, MI 49686 CITY-ST-2P TRAVERSE CITY, MI 49686 STREET ADDRESS CITY-ST-2P STREET ADDRESS CITY-ST-2P TITLE VMAKE STREET ADDRESS CITY-ST-2P TRAVERSE CITY, MI 49686 STREET ADDRESS CITY-ST-2P TRAVERSE CITY, MI 49686 STREET ADDRESS CITY-ST-2P STREET ADDRESS	1200 SOUT	H PINE ISLAND ROAD		Street A	ddress (P O Box Numb	er is Not Acceptable)			
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12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN MCCRANEY TOURS OF SIGNING OFFICER OR