

2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

05 JUN -3 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000001845

1. Entity Name
SECOND CHANCE BODY ARMOR, INC.



Principal Place of Business
7919 CAMERON STREET
CENTRAL LAKE, MI 49622 US

Mailing Address
P.O. BOX 578
CENTRAL LAKE, MI 49622 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT

(6/04)

04-05

4. FEI Number
38-2029431

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

Street 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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 PD ☒ Delete
NAME DAVIS, RICHARD
STREET ADDRESS 2252 MUCKLE ROAD
CITY-ST-ZIP CENTRAL LAKE, MI 49622

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME MCCRANEY, KAREN
STREET ADDRESS 2320 NORTH INTERMEDIATE LAKE
CITY-ST-ZIP CENTRAL LAKE, MI 49622

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Delete
NAME BANDUCCI, PAUL
STREET ADDRESS 144 BIRCHWOOD AVE.
CITY-ST-ZIP TRAVERSE CITY, MI 49686

TITLE ☐ Change ☒ Addition
NAME MATTHEW A. DAVIS
STREET ADDRESS 9865 PARADISE HILLS
CITY-ST-ZIP CENTRAL LAKE, MI 49622

TITLE V ☒ Delete
NAME BRENNEMAN, BRIAN
STREET ADDRESS 1455 LAKE DRIVE
CITY-ST-ZIP TRAVERSE CITY, MI 49684

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
400055714154
06/03/05--01037--004 **308.75

TITLE VD ☐ Delete
NAME MCCRANEY, LARRY
STREET ADDRESS 2320 INTERMEDIATE LAKE
CITY-ST-ZIP CENTRAL LAKE, MI 49622

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME BACHNER, THOMAS
STREET ADDRESS 3020 TORCH POINT LANE
CITY-ST-ZIP EAST POINT, FL 49627

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby 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 Karen McCraney 5/17/05 (231) 544-5721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #