

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 24 PM 1:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 03



100024090001  
10/24/03--01046--013 \*\*750.00

DOCUMENT # **F01000004601**

1. Corporation Name

**FIRST CHOICE ARMOR & EQUIPMENT, INC.**

Principal Place of Business

Mailing Address

764 NORTH MAIN STREET  
BROCKTON MA 02301

764 NORTH MAIN STREET  
BROCKTON MA 02301

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

08/28/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

04-3178304

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PCD	HERMAN, KAREN D	2 BLANCHARD STREET	AVON MA
T	<del>HERMAN</del> AUDETTE, KAREN D	2 BLANCHARD STREET	AVON MA
S	AUDETTE, SHARON D	65 NELSON DR.	BRIDGEWATER MA
D	HERMAN, KAREN D	2 BLANCHARD STREET	AVON MA 02324

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LYONS, ROBERT D  
2249 S.E. 105TH STREET  
OCALA FL 34480

Name

Edward R. Dovner

Street Address (P.O. Box Number is Not Acceptable)

835 Estuary Drive

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33483

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Edward R. Dovner*

REGISTERED AGENT MUST SIGN

Date 10/17/03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Sharon Audette*  
*Sharon Audette*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/17/03 508-559-0777

Daytime Phone #

CR2E040 (7/03)