


2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F02000004341		
1. Entity Name MACE SECURITY PRODUCTS, INC.		

Principal Place of Business 3233 SW 2ND AVENUE FORT LAUDERDALE, FL 33315	Mailing Address 3233 SW 2ND AVENUE FORT LAUDERDALE, FL 33315
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



4. FEI Number 74-3057547	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Margaret E. Routzahn* DATE 5/7/09
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00	MARGARET E. ROUTZAHN Special Assistant Secretary
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP PAOLINO, LOUIS D JR. 1000 CRAWFORD PLACE SUITE 400 MT. LAUREL, NJ 08054 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200155773962 05/11/09--01042--008 **\$900.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS KRAMER, ROBERT M 1000 CRAWFORD PLACE SUITE 400 MT. LAUREL, NJ 08054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 240 Gibraltar Road ; Suite 220 Horsham, PA 19044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAOLINO, MATTHEW 1000 CRAWFORD PLACE SUITE 400 MT. LAUREL, NJ 08054 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>MJ/LB</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KRZEMIEN, GREGORY M 1000 CRAWFORD PLACE SUITE 400 MT. LAUREL, NJ 08054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 240 Gibraltar Road; Suite 220 Horsham, PA 19044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P O'LEARY, JOHN 3233 SW 2ND AVENUE FORT LAUDERDALE, FL 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Gregory Krzymien* DATE 3/11/09 DAYTIME PHONE # 1-315-259-5670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR