

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F03000001641

FILED  
Oct 07, 2005  
Secretary of State

Entity Name: RELIANCE ARMOR SYSTEMS INC.

## Current Principal Place of Business:

3107 3111 SPRING GROVE AVE.  
CINCINNATI, OH 452251821

## New Principal Place of Business:

## Current Mailing Address:

3107 3111 SPRING GROVE AVE.  
CINCINNATI, OH 452251821

## New Mailing Address:

3107 3111 SPRING GROVE AVE.  
CINCINNATI, OH 452251821 US

FEI Number: 31-1649933

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HULKOWER, MELVIN  
280 LOCK ROAD  
DEARFIELD BEACH, FL 33442 US

## Name and Address of New Registered Agent:

MANGOLD, THOMAS W  
1525 SAN YSIDRO WAY  
VENICE, FL 34292 US

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: THOMAS MANGOLD

10/07/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CPT ( ) Delete  
Name: MANGOLD, MELISSA  
Address: 10453 HOPEWELL HILLS  
City-St-Zip: CINCINNATI, OH 45249

Title: VC ( ) Delete  
Name: MANGOLD, TOM  
Address: 3316 HAMMERSMITH LANE  
City-St-Zip: CINCINNATI, OH 45248

Title: D ( ) Delete  
Name: MANGOLD, TERESA  
Address: 3316 HAMMERSMITH LANE  
City-St-Zip: CINCINNATI, OH 45248

Title: VP (X) Delete  
Name: BUDKE, DON  
Address: 6292 COUNCILRIDGE COURT  
City-St-Zip: LOVELAND, OH 45140

Title: S (X) Delete  
Name: BRAMMALL, PAMELA  
Address: 2846 LINDALE MT. HOLLY  
City-St-Zip: CINCINNATI, OH 45140

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPT (X) Change ( ) Addition  
Name: MANGOLD, MELISSA  
Address: 10220 STABLEHAND  
City-St-Zip: CINCINNATI, OH 45242

Title: VC (X) Change ( ) Addition  
Name: MANGOLD, THOMAS  
Address: 1525 SAN YSIDRO WAY  
City-St-Zip: VENICE, FL 34292

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELISSA MANGOLD

PRES

10/07/2005

Electronic Signature of Signing Officer or Director

Date