## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# F07000004852

Entity Name: FIRE FACILITIES, INC.

Name:

Address:

City-St-Zip:

216 WILBURN ROAD

SUN PRAIRIE, WI 53590

FILED Oct 27, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 216 WILBURN ROAD SUN PRAIRIE, WI 53590 **Current Mailing Address: New Mailing Address:** 216 WILBURN ROAD SUN PRAIRIE, WI 53590 FEI Number: 39-1612563 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NRAI SERVICES, INC 2731 EXECUTIVÉ PARK DR., STE 4 WESTON, FL 33331 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: AMY PURDY Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition SEEFELDT, JEFFREY A Name: Name: 314 WILBURN ROAD Address: Address: City-St-Zip: SUN PRAIRIE, WI 53590 City-St-Zip: Title: Title: () Delete () Change () Addition Name: MASTRANGELO, JAMES N Name: 216 WILBURN ROAD Address: Address: SUN PRAIRIE, WI 53590 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition TEMPERLY, THOMAS Name: Name: 216 WILBURN ROAD Address: Address: City-St-Zip: SUN PRAIRIE, WI 53590 City-St-Zip: Title: sv ( ) Delete Title: () Change () Addition WESTRA, STEVEN

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JIM MASTRANGELO COO 10/27/2008