## 2011 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# F10000004592

Entity Name: BALLISTIC RECOVERY SYSTEMS, INC.

Oct 07, 2011 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

380 AIRPORT RD

SOUTH ST PAUL, MN 55075

**Current Mailing Address: New Mailing Address:** 

380 AIRPORT RD SOUTH ST PAUL, MN 55075

FEI Number: 41-1372079 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:

VALDEZ, SEBASTIAN 2240 NW 15TH CT

POMPANO BEACH, FL 33069 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: KRISTIE HARRIS

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: DCFO

WILLIAMS, LARRY E Name: 2240 NW 15TH CT Address:

City-St-Zip: POMPANO BEACH, FL 33069

Title: PS

WILLIAMS, LARRY E Name: 2240 NW 15TH CT Address: POMPANO BEACH, FL 33069 City-St-Zip:

Title: DCFO

VALDEZ, SEBASTIAN Name: 2240 NW 15TH CT Address:

City-St-Zip: POMPANO BEACH, FL 33069

Title:

VALDEZ, SEBASTIAN Name: Address: 2240 NW 15TH CT

City-St-Zip: POMPANO BEACH, FL 33069

Title:

Name: POPOV, BORIS 380 AIRPORT RD Address:

City-St-Zip: SOUTH ST PAUL, MN 55075

Title:

DE CARALT, FERNANDO Name: Address: 380 AIRPORT RD City-St-Zip: SOUTH ST PAUL, MN 55075

I hereby 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 all other like empowered.

SIGNATURE: SEBASTIAN VALDEZ **CFO** 10/07/2011

Electronic Signature of Signing Officer or Director

Date