


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 APR -3 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000004312					
1. Entity Name POINT BLANK BODY ARMOR INC.					
Principal Place of Business 2102 SW 2ND STREET POMPANO BEACH, FL 33069 US			Mailing Address 2102 SW 2ND STREET POMPANO BEACH, FL 33069 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 74-2764044	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HATFIELD, SANDRA 2102 SW 2ND STREET POMPANO BEACH, FL 33069			7. Name and Address of New Registered Agent Name John C. Siemer Street Address (P.O. Box Number is Not Acceptable) 2102 SW 2nd Street City Pompano Beach FL Zip Code 33069		
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 <u>John C. Siemer</u> (See Signature Below) 3/29/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO BROOKS, DAVID 400 POST AVE SUITE 303 WESTBURY, NY 11590 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Ellis, Larry 2102 SW 2nd Street Pompano Beach, FL 33069 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO SCHLEGEL, DAWN 400 POST AVE SUITE 303 WESTBURY, NY 11590 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Siemer, John-C 2102 SW 2nd Street Pompano Beach, FL 33069 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COO SANDRA, HATFIELD 2102 SW 2ND STREET POMPANO BEACH, FL 33069 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V White, Sam 2102 SW 2nd Street Pompano Beach, FL 33069 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Anderson, James 2102 SW 2nd Street Pompano Beach, FL 33069 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Canfield, Thomas C. 2102 SW 2nd Street Pompano Beach, FL 33069 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	600095915246 04/05/07--01053--021 **908.75		
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 fees empowered.					
SIGNATURE: <u>John C. Siemer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/29/07 954-630-0900 <small>Date Daytime Phone #</small>		

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