APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 SEP -4 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # F96000005506

1. Corporation Name
ARMOR HOLDINGS PROPERTIES, INC.

REINSTATEMENT 2001-2002

2. Principal Office Address		3. Mailing Office Address	
13386 International Parkway		1400 Marsh Landing Parkway	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 112	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32218	Country USA	Zip 32250	Country USA

4. Date Incorporated or Qualified To Do Business in Florida: October 23, 1996

5. FEI Number: 59-3410197 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee | State: FL | Zip Code: 32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Brian Courtney Asst. V. Pres. Date: 8/26/02

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Jonathan Spiller	1400 Marsh Landing Parkway #112	Jacksonville, FL 32250
V/S/T/D	Robert Schiller	1400 Marsh Landing Parkway #112	Jacksonville, FL 32250
AS	Todd Smith	1400 Marsh Landing Parkway #112	Jacksonville, FL 32250
D	Scott Vining	1400 Marsh Landing Pkwy #112	Jacksonville, FL 32250

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ 8/29/02 904-741-5400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #