

**2007 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Mar 26, 2007  
Secretary of State**

DOCUMENT# F96000006798

Entity Name: CRASH RESCUE EQUIPMENT SERVICE, INCORPORATED

**Current Principal Place of Business:**

3912 W ILLINOIS  
DALLAS, TX 75211

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 211506  
DALLAS, TX 75211

**New Mailing Address:**

FEI Number: 75-1410047      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PADGETT, KENDALL  
703 24TH SQUARE  
VERO BEACH, FL 32962      US

**Name and Address of New Registered Agent:**

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: KENDALL PADGETT

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:**

Title: DCST      ( ) Delete  
Name: RELYEA, SHARON E  
Address: 3912 W ILLINOIS  
City-St-Zip: DALLAS, TX 75211

Title: DP      ( ) Delete  
Name: RELYEA, ROBERT G  
Address: 3912 W ILLINOIS  
City-St-Zip: DALLAS, TX 75211

Title: D      (X) Delete  
Name: NORTH, GRADY  
Address: 929 YELLOWSTONE  
City-St-Zip: GRAPEVINE, TX 76051

Title: D      ( ) Delete  
Name: JOHNSTON, RON  
Address: 12000 FORD RD #112  
City-St-Zip: DALLAS, TX 75234

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 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.

SIGNATURE: SHARON E. RELYEA

DCST

03/26/2007

Electronic Signature of Signing Officer or Director

Date