

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 17, 2006 8:00 A.M.
Secretary of State

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|--|---|---|--|--|--|
| DOCUMENT # L01000009826 1. Entity Name BULLETPROOF MANAGEMENT LC | | | | | |
| Principal Place of Business 22301 SW 109 COURT SOUTH MIAMI, FL 33170 | | | | Mailing Address 4775 NE 125TH STREET SUITE 203 MIAMI, FL 33161 | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address 1175 NE 125th Street Suite 203 Miami FL 33161 USA | | | |
| 4. FEI Number 65-0904298 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SWEETING, JOSEPH L 22301 S.W. 109 COURT SOUTH MIAMI, FL 33170 | | | 7. Name and Address of New Registered Agent Name Brenda Moss Street Address (P.O. Box Number is Not Acceptable) 1175 NE 125th Street Suite 203 City North Miami FL Zip Code 33161 | | |
| 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 DATE 11/18/06 <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00 | | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ARNOLD, CHARLES 4340 NW 187 STREET MIAMI, FL 33056 | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SWEETING, JOSEPH L 22301 SW 109TH CT. SOUTH MIAMI, FL 33170 | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE: DATE 11/18/06 Daytime Phone # 786-312-8333 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |