

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000005716

FILED
Jan 14, 2009
Secretary of State

Entity Name: 911 DEPOT, INC.

Current Principal Place of Business:

2906 OKEECHOBEE RD
FORT PIERCE, FL 34947

New Principal Place of Business:

3695 SOUTH 25TH STREET
FORT PIERCE, FL 34981

Current Mailing Address:

2906 OKEECHOBEE RD
FORT PIERCE, FL 34947

New Mailing Address:

3695 SOUTH 25TH STREET
FORT PIERCE, FL 34981

FEI Number: 26-0251197 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TORTORA, ANDREW
2906 OKEECHOBEE RD
FORT PIERCE, FL 34947 US

Name and Address of New Registered Agent:

TORTORA, ANDREW
3695 SOUTH 25TH STREET
FORT PIERCE, FL 34981 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: ANDREW TORTORA

01/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TORTORA, ANDREW
Address: 3695 S 25TH ST
City-St-Zip: FORT PIERCE, FL 34947

Title: S (X) Delete
Name: LENZ, DANIEL D
Address: 1077 JUNE DR
City-St-Zip: NELBOUNE, FL 32935

Title: D (X) Delete
Name: REALS, ROBERT M
Address: 5340 NW NEKOMA ST
City-St-Zip: PORT ST. LUCIE, FL 34983

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:

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW TORTORA

P

01/14/2009

Electronic Signature of Signing Officer or Director

Date