

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 10 PM 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA




**DOCUMENT # P01000108419**  
1. Entity Name  
**EMERGENCY VEHICLE EQUIPMENT INSTALLATION, INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>203 WEST FIRST STREET<br/>APOPKA, FL 32703</b> | Mailing Address<br><b>203 WEST FIRST STREET<br/>SUITE F<br/>APOPKA, FL 32703</b> |
|--|--|

|                                |   |
|--------------------------------|---|
| 2. Principal Place of Business | 3. Mailing Address<br><b>203 WEST FIRST ST.</b> |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc.                             |

|                                  |                                  |
|----------------------------------|----------------------------------|
| City & State<br><b>APOPKA FL</b> | City & State<br><b>APOPKA FL</b> |
| Zip<br><b>32703</b>              | Country<br><b>USA</b>            |



10052005 REIN-P CR2E098 (6/04)

|  |  |
|--|--|
| 4. FEI Number<br><b>59-3755224</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

**6. Name and Address of Current Registered Agent**

**SWIGER, DANIEL A  
1251 JASMINE RD  
APOPKA, FL 32703**

**7. Name and Address of New Registered Agent**

Name **DANIEL A. SWIGER**  
Street Address (P.O. Box Number is Not Acceptable)  
**8428 BARK COURT**  
City **ORLANDO** FL **32810**

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: *[Signature]* **PRESIDENT** DATE: 10-5-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2006, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS |                       |                                 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                               |   |  |
|----------------------------|-----------------------|---------------------------------|--|---|-------------------------------|---|--|
| TITLE                      | PVSD                  | <input type="checkbox"/> Delete |  | TITLE   | 400060456094                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | SWIGER, DANIEL A      |                                 |  | NAME  | 10/10/05--01067--028 **158.75 |   |  |
| STREET ADDRESS             | 203 WEST FIRST STREET |                                 |  | STREET ADDRESS  |                               |   |  |
| CITY-ST-ZIP                | APOPKA, FL 32703      |                                 |  | CITY-ST-ZIP   |                               |   |  |
| TITLE                      |                       | <input type="checkbox"/> Delete |  | TITLE   |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                       |                                 |  | NAME  |                               |   |  |
| STREET ADDRESS             |                       |                                 |  | STREET ADDRESS  |                               |   |  |
| CITY-ST-ZIP                |                       |                                 |  | CITY-ST-ZIP   |                               |   |  |
| TITLE                      |                       | <input type="checkbox"/> Delete |  | TITLE   |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                       |                                 |  | NAME  |                               |   |  |
| STREET ADDRESS             |                       |                                 |  | STREET ADDRESS  |                               |   |  |
| CITY-ST-ZIP                |                       |                                 |  | CITY-ST-ZIP   |                               |   |  |
| TITLE                      |                       | <input type="checkbox"/> Delete |  | TITLE   |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                       |                                 |  | NAME  |                               |   |  |
| STREET ADDRESS             |                       |                                 |  | STREET ADDRESS  |                               |   |  |
| CITY-ST-ZIP                |                       |                                 |  | CITY-ST-ZIP   |                               |   |  |
| TITLE                      |                       | <input type="checkbox"/> Delete |  | TITLE   |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                       |                                 |  | NAME  |                               |   |  |
| STREET ADDRESS             |                       |                                 |  | STREET ADDRESS  |                               |   |  |
| CITY-ST-ZIP                |                       |                                 |  | CITY-ST-ZIP   |                               |   |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 like empowered.

SIGNATURE: *[Signature]* **PRESIDENT** DATE: 10-5-05 DAYTIME PHONE #: 321-228-1488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/05