

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 10 PM 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P01000108419</b>		
1. Entity Name <b>EMERGENCY VEHICLE EQUIPMENT INSTALLATION, INC.</b>		
Principal Place of Business <b>203 WEST FIRST STREET APOPKA, FL 32703</b>		Mailing Address <b>203 WEST FIRST STREET SUITE F APOPKA, FL 32703</b>
2. Principal Place of Business		3. Mailing Address <b>203 WEST FIRST ST.</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State <b>APOPKA FL</b>
Zip	Country	Zip <b>32703</b> Country <b>USA</b>
4. FEI Number <b>59-3755224</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		<b>10052005 REIN-P CR2E098 (6/04)</b>



<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>SWIGER, DANIEL A 1251 JASMINE RD APOPKA, FL 32703</b>		Name <b>DANIEL A. SWIGER</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>8428 BARK COURT</b>	
		City <b>ORLANDO</b>	FL Zip Code <b>32810</b>

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: *Daniel A. Swiger* **PRESIDENT** DATE: 10-5-05

(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PVSD SWIGER, DANIEL A 203 WEST FIRST STREET APOPKA, FL 32703</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>400060456094</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>10/10/05--01067--028 **158.75</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Daniel A. Swiger* **PRESIDENT** DATE: 10-5-05 321-228-1488  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/10/05