APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 MAY -1 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800101572638
05/04/07--01009--004 **450.00

DOCUMENT # P02000101645

1. Corporation Name

INTEGRATED DEFENSIVE FIGHTING SYSTEMS, INC.

REINSTATEMENT 04-07

11/23/04 01048 004 **750.00

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
18102 CHESTERFIELD AIRPORT RD	18102 Chesterfield Airport Rd.
Suite, Apt. #, etc.: O	Suite, Apt. #, etc.: Suite O
City & State: CHESTERFIELD MO	City & State: CHESTERFIELD, MO
Zip: 63005 Country: USA	Zip: 63005 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 14-1851895 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Kevin P. Jacobs, Esq.

Street Address (P.O. Box Number is Not Acceptable): 1401 Brickell Avenue

Suite, Apt. #, Etc.: Suite 840

City: Miami State: FL Zip Code: 33131

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ Date: 4-30-7

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Director	RANDY S. PROTO	2689 MEADOWOOD COURT	WESTON, FL 33332
Director	MIKE LEE KANAREK	11060 CAMERON CT #204	DAVIE, FL 33324

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ Randy S. Proto 4/29/07 636 536 9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #