

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000158067

Entity Name: BLACK OPS PERFORMANCE INC.

FILED
Oct 21, 2009
Secretary of State

Current Principal Place of Business:

4793 FAIRSUN AVE
COCOA, FL 32927

New Principal Place of Business:

4125 PINE TREE PL
COCOA, FL 32926

Current Mailing Address:

4793 FAIRSUN AVE
COCOA, FL 32927

New Mailing Address:

4125 PINE TREE PL
COCOA, FL 32926

FEI Number: 83-0440871

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAGNITTA, JOHN
4793 FAIRSUN AVE
COCOA, FL 32927 US

Name and Address of New Registered Agent:

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: JOHN STAGNITTA

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STAGNITTA, JOHN
Address: 4793 FAIRSUN AVE
City-St-Zip: COCOA, FL 32927

Title: T () Delete
Name: SMITH, NICHOLAS A
Address: 9012 REYES CT.
City-St-Zip: ORLANDO, FL 32836

Title: VP () Delete
Name: SPEISER, PHILIP J
Address: 9246 SOUTHERN BREEZE DRIVE
City-St-Zip: ORLANDO, FL 32836

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN STAGNITTA

Electronic Signature of Signing Officer or Director

PRES

10/21/2009

Date