

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000163651

FILED  
Oct 23, 2009  
Secretary of State

Entity Name: SYLVER BOLT FIRE PROTECTION, INC.

## Current Principal Place of Business:

1283 SUSSEX DR.  
NORTH LAUDERDALE, FL 33068 US

## New Principal Place of Business:

## Current Mailing Address:

1283 SUSSEX DR.  
NORTH LAUDERDALE, FL 33068 US

## New Mailing Address:

FEI Number: 51-0562604

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PRESENDIEU, SYLVIO  
1283 SUSSEX DR.  
NORTH LAUDERDALE, FL 33068 US

## Name and Address of New Registered Agent:

BOLT, DAVID W  
214 HIBISCUS AVE  
# 3  
POMPANO BEACH, FL 33062 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: DAVID W, BOLT

10/23/2009

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: D ( ) Delete  
Name: PRESENDIEU, SYLVIO  
Address: 1283 SUSSEX DR.  
City-St-Zip: NORTH LAUDERDALE, FL 33068 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: BOLT, DAVID W  
Address: 214 HIBISCUS AVE #3  
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: VP ( ) Change (X) Addition  
Name: PRESENDIEU, SYLVIO  
Address: 1283 SUSSEX DRIVE  
City-St-Zip: NORTH LAUDERDALE, FL 33068 US

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: SYLVIO P

VP

10/23/2009

Electronic Signature of Signing Officer or Director

Date