2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000058206

1730 13TH STREET

STEAMBOAT SPRINGS, CO 80487

Address: City-St-Zip:

Entity Name: E-X TEAM HEAVY RESCUE, INC.

FILED Nov 05, 2007 Secretary of State

•		,			
Current Principal Place of Business:			New Principal Place of Business:		
413 OAK PLACE BLDG 5J FT LAUDERDALE, FL 33334			413 OAK PLACE BLDG 5J PORT ORANGE, FL 32127		
Current Mailing Address:			New Mailing Address:		
413 OAK PLACE BLDG 5J FT LAUDERDALE, FL 33334			413 OAK PLACE BLDG 5J PORT ORANGE, FL 32127		
FEI Number	: 20-5040294	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
8875 HIDE TAMPA, F	L 33637 U	XWY SUITE 300 S	ourpose of changing its registere	ed office or registered agent, or both,	
	e or i londa. RE: MARK H.	ANIZINIO			
SIGNATO		nic Signature of Registered Age	ent	 Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	DPT (SIMUNAC, TON 1172 SIESTA I PORT ORANG	(EY CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVP (STEWART, ER 712 BEACH ST DAYTONA BEA	REET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	DS (WILLIAMS, GA) Delete R	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: TONY SIMUNAC DPT 11/05/2007