

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000079295

Entity Name: BOLO 911 INC.

FILED
Oct 06, 2009
Secretary of State

Current Principal Place of Business:

431 NW 188 TERRACE
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

431 NW 188 TERRACE
PEMBROKE PINES, FL 33029

New Mailing Address:

PO BOX 297288
PEMBROKE PINES, FL 33029

FEI Number: 26-0552176

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALINDO, REX
431 NW 188 TERRACE
PEMBROKE PINES, FL 33029 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: REX GALINDO

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: GALINDO, REX
Address: 431 NW 188 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: S () Delete
Name: GALINDO, DANA
Address: 431 NW 188 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: T () Delete
Name: MANDINA, PHIL
Address: 431 NW 188 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D () Delete
Name: GONZALEZ, MARCOS
Address: 431 NW 188 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D () Delete
Name: TUCKER, MELANIE
Address: 431 NW 188 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029

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:

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: REX GALINDO

P

10/06/2009

Electronic Signature of Signing Officer or Director

Date