PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

				- I	1 (1221)	_	
	PORATION STATEMENT	Secretar	TMENT OF STATE by of State corporations		03 DEC 3 I SECRETARY TALLAHASSE	OF STATE	
DOCUMENT # P960000 90875 1. Corporation Name ARMOR TECH INDUSTRIES, INC.					(ALLACAROLA	E, FLORIDA	
] a oz		BEIN	ISTATE	VENT 03	المناتين ويورد
1527	11-8 Mc GREGOR BWD	3. Mailing Office Address / 1527/-8 / No.	GREGOR BWD.	P The su			
Suite, Apt. #, etc. Suite, Apt. #,					orated or Qualified	11-4-1996	7
City & State FT. MyERS, FL. FT. M			, FL.	5. FEI Number	т	Applied Fo	_
^{Zip} 336	33908 Country LEE 3399		Country	6. CERTIFICATE OF STATUS DESIRED		Not Application S8.75 Additional Fee rec	quired
	7. Name and Address of Current Registered Agent						
:	Name SABBATH FUSCO						
	Street Address (P.O. Box Number is Not Acceptable) 8/88- SAN CARLOS BWD.						
	Suite, Apt. #, Etc.						
	City FT. MYERS		State Zip Code 33	912			
8. I, being	appointed the registered agent of the abo	ove named comporation, an	n familiar with and accept the	obligations of section	•	•	(10/02)
Signature of Registered Agent Sallack Fusco					Date /2	-29-03	CRZE081 (10/02
		EGISTÉRÉD AGENT MUS					\dashv
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at le					1		-
Titles	Name of Officers and/or Directors		Officer and/or Director		City / State / Zip		_
PRESIDENT	SABBATH FUSCO RAMMOND ACKERMAN		8188-SAN CARLOS BNB.		FT. MYERS, Fl. 33912 FT. MYERS Fl. 33912		<i>.</i>
1.4.	RAYMOND ACKE	RMAN 8/88	- SAN CANAS	BWs.	ET. MYEN	is Fl. 33912	_
				(Cu		98440	
					000258 1/0301048-)
this re owed on this	y that I am an officer or director or the recinstatement application, the reason for disby the corporation have been paid and the application is true and accurate, and my	ssolution has been eliminate names of individuals liste signature shall have the sa	ed, the corporate name satis d on this form do not qualify	fies the requirements for an exemption und nder oath.	s of section 607.0401 o	or 617.0401, F.S., that all fee	es ated
l	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING	OFFICER OR DIRECTOR		Date	Daytime Phone #	I



Licensed • Bonded • Insured • 24 hour Emergency Service

Doc# P960000 90875

12-29-03

To whom it may concern:

ENCLOSED YOU WILL FIND A CHECK AND

A FORM TO REINSTATE MY CORPORATION.

This LETTER is To INFORM YOU. THAT

This LETTER is To INFORM YOU. THAT

THE YEARS 2000 -> 2003 DUE TO

FOR THE YEARS 2000 -> 2003 DUE TO

THE FACT MY COMPANY MOVED FROM THE

OLD ADDRESS TO THIS NEW ABBRESS WE

OLD ADDRESS TO THIS NEW ABBRESS WE

OLD ADDRESS TO THIS NEW ABBRESS WE

HAVE NOT RECEIVED ANY ANNUAL REPORTS.

HAVE NOT RECEIVED ANY ANNUAL REPORTS.

THE POST OFFICE, ETC. IF YOU HAVE ANY

THE POST OFFICE, ETC. IF YOU HAVE ANY

SABBATH FUSCO

(239) 489-3487

Sassall Fuson President