

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000081993

1. Corporation Name

NEW CENTURION BODY ARMOR, INC.

Principal Place of Business

1876 N. UNIVERSITY DR
SUITE 200-B
PLANTATION FL 33322
US

Mailing Address

1876 N. UNIVERSITY DR
SUITE 200-B
PLANTATION FL 33322
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

7261 NW 45th Court

Suite, Apt. #, etc.

City & State

LAuderhill, FL

Zip

33319

Country

Broward

3. New Mailing Office Address, If Applicable

7261 NW 45th Court

Suite, Apt. #, etc.

City & State

LAuderhill, FL

Zip

33319

Country

Broward

4. Date Incorporated or Qualified
To Do Business In Florida

08/22/1997

5. FEI Number

65-0786879

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D P	GREENE, HENRY O	3230 N.W. 14TH TERRACE 7261 NW 45th Court	SUNRISE FL 33064 LAuderhill, FL 33319
D VT	GREENE, LOIS M	3230 N.W. 14TH TERRACE 7261 NW 45th Court	SUNRISE FL 33064 LAuderhill, FL 33319
			500003033145--3 -11/02/99--01101--013 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 18TH STREET
FT. LAUDERDALE FL 33311-4132

9. Name and Address of New Registered Agent

Name
Lois M. Greene
Street Address (P.O. Box Number is Not Acceptable)
7261 NW 45th Court
Suite, Apt. #, Etc.

City
LAuderhill

State
FL

Zip Code
33319

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Lois M. Greene

REGISTERED AGENT MUST SIGN

Date 10/19/99

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Lois M. Greene

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/99

Date Daytime Phone #

New Centurian Body Armor, Inc.
14601 NW 46th Court
Lauderhill, FL 33319
October 19, 1999

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

TO Department of State,

PLEASE Grant New Centurian Body Armor, Inc.,
a one time waiver fee. We did not receive our
ANNUAL Statement for 1998.

We have noted the Annual Report dates and the
amount that is due each calendar year

Enclosed is our Reinstatement form and
a check for \$150.00.

Thank you for allowing this one time waiver fee.

Louis M. Greene - Vice President

Louis M. Greene