

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAY -6 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97 000081993

1. Corporation Name

New Century Body Armor, Inc.

2. Principal Office Address - No P.O. Box #

11805 NW 55th Street

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip

33076

Country

Broward

3. Mailing Office Address

5944 Coral Ridge Dr

Suite, Apt. #, etc.

304

City & State

Coral Springs

Zip

FL

Country

33076

200155530172
05/06/09--01020--020 **1200.00

REINSTATEMENT 02-09

4. Date Incorporated or Qualified
To Do Business in Florida

9/22/1997

5. FEI Number

650186877

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Lois Greene

Street Address (P.O. Box Number is Not Acceptable)

11805 NW 55th Street

Suite, Apt. #, Etc.

43

City

Coral Springs

State

FL

Zip Code

33076

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Lois M. Greene

REGISTERED AGENT MUST SIGN

Date

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

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|-------------------------|
| DP | Henry O. Greene | 11805 NW 55th Street | Coral Springs, FL 33076 |
| DVT | Lois M. Greene | 11805 NW 55th Street | Coral Springs, FL 33076 |
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10. 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 contained in Chapter 119, 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:

Henry O. Greene HENRY O. GREENE

5/4/09

Date

954-755-7656

Daytime Phone #