


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000029914 1. Entity Name TACTICAL FIRE TECHNOLOGIES, INC.			
Principal Place of Business 36347 PINEY RIDGE BLVD. FRUITLAND PARK, FL 34731		Mailing Address 36347 PINEY RIDGE BLVD. FRUITLAND PARK, FL 34731	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 3908 SE 150th St	
City & State Summerfield, FL		4. FEI Number 20-0758355	
Zip 34491		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country Mexico		Applied For Not Applicable	
6. Name and Address of Current Registered Agent RICHARDS, DELL E 36347 PINEY RIDGE BLVD. FRUITLAND PARK, FL 34731		7. Name and Address of New Registered Agent Name Damon S. Allen Street Address (P.O. Box Number is Not Acceptable) 3908 SE 150th St City Summerfield FL Zip Code 34491	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>Damon S. Allen</i></u> Damon S. Allen DATE: 9/24/05 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICHARDS, DELL E 36347 PINEY RIDGE BLVD. FRUITLAND PARK, FL 34731	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 9000602068 10/04/05--01025--022 **\$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALLEN, DAMON S 3908 SE 150TH ST. SUMMERFIELD, FL 34491	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>Damon S. Allen</i></u> Damon S. Allen		Date: 9/24/05	Daytime Phone #: 352-572-3914

FL 200
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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