


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000024380 1. Entity Name TOP GUNS SPECIALIZED INC.				05 DEC 27 AM 11:54 SEVENTH DISTRICT TALLAHASSEE, FLORIDA REINSTATEMENT 05	
Principal Place of Business 19800 SW 180TH AVENUE LOT 227 MIAMI, FL 33187		Mailing Address 19800 SW 180TH AVENUE LOT 227 MIAMI, FL 33187			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		12232005 REIN-P CR2E098 (6/04)	
City & State		City & State		4. FEI Number 74-3081287	
Zip Country		Zip Country		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent	
NAHOMI, KELLY 19800 SW 180TH AVENUE LOT 227 MIAMI, FL 33187				7. Name and Address of New Registered Agent	
Name Louis J. Terminiello, Esq				Street Address (P.O. Box Number is Not Acceptable) 2700 SW 37 AVE	
City MIAMI				State FL	
Zip Code 33133				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 12/27/05		(NOTE: Registered Agent signature required when reinstating)	
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 PD	NAME HALL, KELLY NAHOMI	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4230 SW 134TH AVENUE	CITY-ST-ZIP MIAMI, FL 33175		STREET ADDRESS CITY-ST-ZIP	200063540522 01/12/06--01009--008 **\$150.00	
TITLE VDT	NAME ALVAREZ, LUIS	<input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 19800 SW 180TH AVENUE, LOT #227	CITY-ST-ZIP MIAMI, FL 33187		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME	<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 approved.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 12/27/05 (305)5931362		
Daytime Phone #			Daytime Phone #		