

# **2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 702868

**FILED**  
**Nov 23, 2010**  
**Secretary of State**

**Entity Name:** NEW FORT MYERS GUN CLUB INC

**Current Principal Place of Business:**

943 SE 11TH AVENUE  
CAPE CORAL, FL 33990 US

**New Principal Place of Business:**

2967 RIBBON CT  
FT MYERS, FL 33905 US

**Current Mailing Address:**

2622 N.W. 4TH STREET  
CAPE CORAL, FL 33993 US

**New Mailing Address:**

2967 RIBBON CT  
FT MYERS, FL 33905 US

**FEI Number:** 59-1843594

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TAMUTIS, MICHAEL W  
2967 RIBBON CT.  
FT MYERS, FL 33905 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** MICHAEL TAMUTIS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** GALLO, MORRIS  
**Address:** 4130 WOODMERE PARK BLVD, STE 12  
**City-St-Zip:** VENICE, FL 34293

**Title:** S  
**Name:** TAMUTIS, MICHAEL W  
**Address:** 2967 RIBBON CT.  
**City-St-Zip:** FT MYERS, FL

**Title:** T  
**Name:** DUNN, LEE  
**Address:** 2622 N.W. 4TH STREET  
**City-St-Zip:** CAPE CORAL, FL 33909

**Title:** D  
**Name:** KROUS, JAMES  
**Address:** 303 BELAIRE RD.  
**City-St-Zip:** FORT MYERS, FL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** MORRIS GALLO

**PRES**

**11/23/2010**

Electronic Signature of Signing Officer or Director

Date