

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JUN -4 PM 5:21

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 736469

1. Corporation Name Palmetto Pistol Club, INC.

2. Principal Office Address 7700 N. Kendall Drive
3. Mailing Office Address 7700 N. Kendall Drive

Suite, Apt. #, etc. 809

City & State Miami, Florida

Zip 33156 **Country** USA

4. Date Incorporated or Qualified To Do Business in Florida 1976

5. FEI Number 65-0194126 **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 German A. Salazar

Street Address (P.O. Box Number is Not Acceptable) 7700 N. Kendall Drive

Suite, Apt. #, Etc. Ste. 809

City Miami

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-06/20/01--01004-019
*****297.50 ***297.50**
FL 33156

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

Date 5/21/01

REGISTERED AGENT MUST SIGN

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
P,T,D	German A. Salazar	7700 N. Kendall Drive #809	Miami, FL. 33156
VP,D	Robert Currul	7120 SW 58 ST	Miami, FL. 33143
S,D	Brenda Currul	7120 SW 58 ST	Miami, FL. 33143

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2081 (9/00)