

# 2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 813939

FILED  
Jan 06, 2010  
Secretary of State

**Entity Name:** THE KEYSTONE ARMS, INC.

**Current Principal Place of Business:**

13105 IXORA COURT  
BOX 108  
N MIAMI, FL 331812317

**New Principal Place of Business:**

13105 IXORA COURT  
APT. 108  
N MIAMI, FL 331812317

**Current Mailing Address:**

13105 IXORA COURT  
108  
N MIAMI, FL 331812317

**New Mailing Address:**

13105 IXORA COURT  
APT. 108  
N MIAMI, FL 331812317

**FEI Number:** 59-0882615      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

HERNANDEZ, MAGDA  
13105 IXORA CT  
NORTH MIAMI, FL 33181 US

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

HERNANDEZ, MAGDA  
13105 IXORA CT  
108  
NORTH MIAMI, FL 33181 US

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: MAGDA HERNANDEZ

01/06/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: MARK SHRADER  
Address: 13105 IXORA CT.  
City-St-Zip: N MIAMI, FL 33181

Title: DV  
Name: JAY, STEINBERG  
Address: 13105 IXORA CRT  
City-St-Zip: MIAMI, FL 33181

Title: DS  
Name: KIM, ASHCOM  
Address: 13105 IXORA CT  
City-St-Zip: NORTH MIAMI, FL 33181

Title: DPT  
Name: HERNANDEZ, MAGDA  
Address: 13105 IXORA COURT  
City-St-Zip: N MIAMI, FL

Title: D  
Name: AMY, ROBALLO  
Address: 13105 IXORA CT  
City-St-Zip: NORTH MIAMI, FL 33181

Title: D  
Name: MONTES, JAMES  
Address: 13105 IXORA CT  
City-St-Zip: NORTH MIAMI, FL 33181

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: MAGDA HERNANDEZ

TREA

01/06/2010

Electronic Signature of Signing Officer or Director

Date