PLEASE READ	ALL INSTRUCTIONS	BEFORE COMF	PLETING THIS FORM	√ I.
APPLICATION A	FLORIDA DEPARTME	NT OF STATE	~~~15	- 7
FOR	Sandra B. Mo	rtham	9547	/
REINSTATEMENT	Secretary of S	State		7
HEINS IAI EIVIENT	DIVISION OF CORPO	RATIONS	•	
DOCUMENT #		ĺ		88 SEVIO
1. Corporation Name CLEARWATER FIREARMS AND				98 √1S 38
IMDOOR RANGE, INC.				SECRET VISION C
, , , , , , , , , , , , , , , , , , ,				8 99
Principal Place of Business Mailing Address				않 국민
300 S. DUNCAN AVE				3 3 9
SUITE 287				ည္ကို ႏွင့္က
SUITE 287 CLEARWATER, FL				
If above addresses are incorrect in any way, line through incorrect information and enter correction below.				oğmi
New Principal Office Address, If Applicable	New Mailing Office Address, If		te Incorporated or Qualified	
BOD S. DUNCANAVE	300 S. DUNCAN	AVG TO	Do Business in Florida	ŀ
Suite, Apt. #, etc.	Suite, Apt. #, etc.		Number	Applied For
CHY & State LEARWATER, FLORIDA	City & State CLEARWATER 1-6	TRINA 5	9-2162563	Not Applicable
ZID COUNTY COUNTY	Zip County	· · · · · · · · · · · · · · · · · · ·	RTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee required
33755-6951 U.S.	33755-6457	<u> </u>	THIONIE OF STATOS DESINED	for a Certilicate of Status
7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors)				
Name of Officers Street Address of Each Officer and/or Directors Officer and/or Director City / State / Zip 1 2 3 (Do NOT Use Post Office Box Numbers)				
1 2 3 (Do NOT Use Post Office Box Numbers) 3 1 1 1 2 4 1 1 8 2 3 5 // 2 / 2 0 NOT Use Post Office Box Numbers) 3 1 1 1 2 4 1 1 8 2 3 5				
1 10M FALONE !!! CLEARWATER FT 33764 FC *****915.00				
·	<u> </u>	7 4 4 7 5 5 7 6		
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REINSTATEMENT 96-98				
TVE ST			P.S. R TOTAL STATE OF	10
				
			30000244	08236
			-02/25/98	01081009
8. Name and Address of Current Registered Agent			ne and Address billibility of pare	<i>Ю</i> Ager####135.00
Tom Falone III			•	200
Cirnot Address (D			Number is Not Acceptable)	Second (1979
300 S. Duncan Ave			· · · · · · · · · · · · · · · · · · ·	
# 287 Clearwater, F/ 337556451 City				
Clearwater, L/33753-6431 City State Zip Code				ite Zip Code
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607,0505, F.S.				
Signature of 1000 + 100				
Registered Agent 1044 Date 2-7-3-93 REGISTERED AGENT MUST SIGN				
11. Does this corporation pay any intangible tax to the (See other side for information				
Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No on intangible tax.)				
12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 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.				
and application is a section according and the se	g or war in the pro agains logal one	or so a mode griger cattle		
<u> </u>	1 1 1	1	5 5 Car 0/1	2///
SIGNATURE: 16M FACONS	111 Jon Jo	LUNCETT	2-13-78 86	5-461-608A
BIGHA JUHE AND ITPED OR PHI	nted name of bigning officer or t	MRECION	Date	Daytime Phone #

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