

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR



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

FILED

00 OCT 30 PM 5:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000003380

1. Corporation Name

THE GUN TRADER, INC.

Principal Place of Business

Mailing Address

#2 HAWKS NEST PLAZA
ST CHARLES MO 63303

#2 HAWKS NEST PLAZA
ST CHARLES MO 63303



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 6030 SO. FLORIDA AVE. Suite, Apt. #, etc SUITE G City & State LAKE LAND, FL Zip 33813 Country USA		3. New Mailing Office Address, If Applicable 6030 SO. FLORIDA AVE. Suite, Apt. #, etc SUITE G City & State LAKE LAND, FL Zip 33813 Country USA		4. Date Incorporated or Qualified To Do Business in Florida 06/15/1998	
5. FEI Number 43-1309469				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PS	SULLIVAN, BARRY	3207 CONCORD WAY	PLANT CITY FL
			600003472886--9
			11/21/00--01076--001
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

O'SULLIVAN, BARRY
3207 CONCORD WAY
PLANT CITY FL 33567

9. Name and Address of New Registered Agent

Name BARRY O'SULLIVAN		
Street Address (P.O. Box Number is Not Acceptable) 6937 STETSON ST, CIR,		
Suite, Apt. #, Etc.		
City SARASOTA	State FL	Zip Code 34243

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 Registered Agent BARRY O'SULLIVAN
REGISTERED AGENT MUST SIGN

Date 10/24/00

11. 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: BARRY O'SULLIVAN, PRES 10/24/00 863-646-4867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BARRY O'SULLIVAN, PRES

CR2E040 (8/00)

ENCLOSED IS MY APPLICATION FOR REINSTATEMENT
AND CHECK FOR \$150.00, I NEVER GOT MY
FIRST NOTICE SINCE IT WAS RETURNED
BY THE POST OFFICE. I AM REQUESTING
THAT THE PENALTY FEES BE WAIVED,

Thank you
Bong Odellian, pres,
THE GUN TRADER, Inc,
863-646-4867