

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

96 DEC 31 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J34126**

1. Corporation Name

SIX GUN PLAZA, INC.

Principal Place of Business

Mailing Address

10323 SOUTHERN BLVD.
ROYAL PALM BEACH FL 33411

10323 SOUTHERN BLVD.
ROYAL PALM BEACH FL 33411

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

2. New Principal Office Address, If Applicable
18679 S.E. Federal Hwy

3. New Mailing Office Address, If Applicable
18679 S.E. Federal Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tequesta, Florida

City & State
Tequesta, Florida

Zip
33469

Country
USA

Zip
33469

Country
USA

5. FEI Number

59-2745037

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	MILLER, ROBERT L	10323 SOUTHERN BLVD 18679 S.E. Federal Hwy	ROYAL PALM BEACH FL Tequesta, FL
V	MILLER, LINNETTE	10323 SOUTHERN BLVD 18679 S.E. Federal Hwy	ROYAL PALM BEACH FL Tequesta, FL
V	AUSTIN, CHRISTOPHER	10323 SOUTHERN BLVD 18679 S.E. Federal Hwy	ROYAL PALM BEACH FL Tequesta, FL
SP	ABLE, DIANE	10323 SOUTHERN BLVD	ROYAL PALM BEACH FL
✓	Rubinfeld, Daren L.	18679 S.E. Federal Hwy	Tequesta, FL

8. Name and Address of Current Registered Agent

ABLE, DIANE L
10397 SOUTHERN BLVD.
ROYAL PALM BEACH FL 33411

9. Name and Address of New Registered Agent

Name
Daren L. Rubinfeld

Street Address (P.O. Box Number is Not Acceptable)

18679 S.E. Federal Hwy

Suite, Apt. #, Etc.

100002045301--4

City
Tequesta,

-01/03/97 State of FL 33469

****383 FL ****383.75

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **12/29/96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information 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 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]
Daren L. Rubinfeld
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **12/29/96**

Daytime Phone # **(561) 743-0014**