

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY 18 AM 10:22

DOCUMENT # K27864

1. Corporation Name

GULF BREEZE PISTOL, INC.

Principal Place of Business

5243 GULF BREEZE PKWY  
GULF BREEZE FL 32561

Mailing Address

5243 GULF BREEZE PKWY  
GULF BREEZE FL 32561



REINSTATEMENT 99.00

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

2. New Principal Office Address, If Applicable

5253 GULF BREEZE PKWY  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

5253 GULF BREEZE PKWY  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

07/08/1988

5. FEI Number

59-2936428

Applied For

Not Applicable

City & State

GULF BREEZE, FL

Zip 32561

Country SANTA ROSA

City & State

GULF BREEZE, FL

Zip 32561

Country SANTA ROSA

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	MCCAA, EDWIN DUKE	1643 COLLEGE PKWAY	GULF BREEZE FL 32561
V	ANDERSON, CHARLES C.	3608 OLD LEEDS ROAD	BIRMINGHAM, AL. 35213
T	MCCAA, EDWIN DUKE II	32 N. I STREET	PENSACOLA, FL. 32501

400003278264--7  
-06/06/00--01061--016  
\*\*\*\*300.00 \*\*\*\*300.00

8. Name and Address of Current Registered Agent

MCCAA, EDWIN DUKE  
1643 COLLEGE PKWY  
GULF BREEZE FL 32561

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

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  
Registered Agent

Edwin Duke Mccaa  
REGISTERED AGENT MUST SIGN

Date

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:

Edwin Duke Mccaa  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
EDWIN DUKE MCCAA

5/15/00

Date

850-932-4867

Daytime Phone #

CR20040 (8/99)