

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

375

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # *K 91827*

Corporation Name

*River Gun Runner, Inc.*

FILED

96 NOV -7 PM 4:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100002002891--5  
-11/13/96--01108--007  
\*\*\*\*375.00 \*\*\*\*375.00

Local Place of Business

*13335 Bay St  
Sebastian FL 32958*

Mailing Address

*13335 Bay St  
Sebastian FL 32958*

REINSTATEMENT

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

DO NOT WRITE IN THIS SPACE

|                                                        |  |                                       |  |                                                             |  |
|--------------------------------------------------------|--|---------------------------------------|--|-------------------------------------------------------------|--|
| 1. New Principal Office Address, if Applicable         |  | 3. New Mailing Address, if Applicable |  | 4. Date Incorporated or Qualified To Do Business in Florida |  |
|                                                        |  |                                       |  | <i>5/30/89</i>                                              |  |
| 5. FEI Number                                          |  | Applied For                           |  | Not Applicable                                              |  |
| <i>59-2254385</i>                                      |  |                                       |  |                                                             |  |
| CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> |  |                                       |  |                                                             |  |

| Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) |                                      |                                                                                        |                           |
|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------------------------------|---------------------------|
| 1. Name                                                                                                                    | 2. Name of Officers and/or Directors | 3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4. City / State / Zip     |
| <i>D P S T</i>                                                                                                             | <i>Lee A. Richardt</i>               | <i>13335 Bay St.,</i>                                                                  | <i>Sebastian FL 32958</i> |
|                                                                                                                            |                                      |                                                                                        |                           |
|                                                                                                                            |                                      |                                                                                        |                           |
|                                                                                                                            |                                      |                                                                                        |                           |
|                                                                                                                            |                                      |                                                                                        |                           |
|                                                                                                                            |                                      |                                                                                        |                           |
|                                                                                                                            |                                      |                                                                                        |                           |

*[Signature]*

|                                                                   |                                                                |
|-------------------------------------------------------------------|----------------------------------------------------------------|
| 8. Name and Address of Current Registered Agent                   | 9. Name and Address of New Registered Agent                    |
| <i>Lorraine S. Doady<br/>13335 Bay St.<br/>Sebastian FL 32958</i> | <i>Lee A. Richardt<br/>13335 Bay St<br/>Sebastian FL 32958</i> |

*[Signature]* Date *11-2-96*

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

I hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(4), Florida Statutes, and that the information supplied is deemed exempt from public access under the provisions of the Freedom of Information Act.

SIGNATURE: *[Signature]* *Lee A. Richardt* 954-941-1216 11/2/96