## 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # L00000007458** 1. Entity Name 05 MAR -8 AM 10: 40 THE GUN SEARCH.COM, LLC Principal Place of Business Mailing Address 8208 CORTEZ RD W 8208 CORTEZ RD W STE 6 STE 6 BRADENTON, FL 34210 BRADENTON, FL 34210 2. Principal Place of Business 3. Mailing Address 4235 14TH ST W 4235 14만 St W Suite, Apt. #, etc. Suite, Apt. #, etc. 03072005 REIN-LLC CR2E101 (6/04) City & State BRADENTON 4. FEI Number Applied For City & State RA DENTON 65-1021820 Not Applicable Country USA \$5.00 Additional 5. Certificate of Status Desired 4205 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NAPOLITANO & COOPER, P.A. Street Address (P.O. Box Number is Not Acceptable) 100 WALLACE AVENUE مددد **STE 240** SARASOTA, FL 34237 City 8. The above named exitty submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, inped or a and title if applicable. (NOTE: Registered Agent signature required when reinstating) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to FILE NOW!!! FEE IS \$100.00 Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition BIGELOW, DONALD E NAME 600048399856 STREET ADDRESS 1130 MONTEZUMA DRIVE STREET ADDRESS 03/15/05--01007--025 \*\*105.00 CITY-ST-ZIP BRADENTON, FL 34209 CITY-ST-7IP MGRM ☐ Change ☐ Addition TITLE ☐ Delete TITLE BIGELOW, ANDREW E NAME NAME 8008 22ND AVE W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34209 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.