

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2024 OCT 25 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FL 32301

700438602077
10/25/24--01005--010 **236.75

DOCUMENT # L19000101765

1. Limited Liability Company's Name

PILGRIM AMMUNITION LLC

2. Principal Office Address - No P.O. Box #

1880 UNIVERSITY PARKWAY

Suite Apt # etc

City & State

SARASOTA

Zip

34243

Country

FL

3. Mailing Office Address

1880 UNIVERSITY PARKWAY

Suite Apt # etc

City & State

SARASOTA, FL

Zip

34243

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

04/12/2019

6. FEI Number

30-1197087

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

8. Name and Address of Current Registered Agent

Name

James Wilkoszewski

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

1880 University Parkway

Apt # Etc

City

Sarasota

State

FL

Zip Code

34243

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/25/2024

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
COO	JAMES WILKOSZEWSKI	1880 UNIVERSITY PARKWAY	SARASOTA, FL. 34243
AP	SCOTT L BRAUM	812 EAST FRANKLIN ST, SUITE C	DAYTON, OH, 45459
MGR	WILLIAM SCULLY	1880 UNIVERSITY PARKWAY	SARASOTA, FL, 34243

11. E-mail Address jw@pilgrimammunition.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

10/25/2024

Daytime Phone #

9417800662

Typed or printed name of signing authorized representative/member

JAMES WILKOSZEWSKI

T. WILSON

10/25/2024