

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000003669**

1. Corporation Name

Jefferson Longrifles, Inc.

2. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

P.O. Box 14073

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32317

Country

USA

REINSTATEMENT

01-03

4. Date Incorporated or Qualified
To Do Business in Florida

1994

5. FEI Number

59-3263986

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Dave Anderson

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

2409 Mexia Ave

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32304

200022127912
08/07/03--01014--011 *\$358.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Dave Anderson

Date **6-24-03**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Jackie Shaffer	446 Green Oaks Rd.	Havanna, FL 32333
UP	Robert Pryor	6667 Landover Circle	Tallahassee, FL 32311
T	Dave Anderson	2409 Mexia Ave	Tallahassee, FL 32304
S	Beth Bloomquist	1242 Tallavanna Tr.	Havanna, FL 32333
D	William Wilson	6974 Tower Rd	Tallahassee, FL 32303
D	Charlie Powell	76 Barnes Rd	Monticello, FL 32344
D	Kent Johnson	5004 Crooked Rd.	Tallahassee, FL 32310

10. 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: **Dave Anderson** **Dave Anderson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/03 **410-5757**

Date

Daytime Phone #

CR2E081 (10/02)