

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR -4 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

01000008697
Guns n Hoses Framing, Inc.

REINSTATEMENT 02-03

000015321340
04/04/03--01060--017 **908.75

2. Principal Office Address

10929 S.W. 39th Ct.

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip 34476

Country

USA

3. Mailing Office Address

10929 S.W. 39th Ct.

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip 34476

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

02-01-01

5. FEI Number

59-3703303

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

Michael Veith

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

10929 S.W. 39th Ct.

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34476

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

REGISTERED AGENT MUST SIGN

Date

4-2-03

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	Robert Veith	10929 S.W. 39th Ct.	Ocala, FL 34476
V	Michael Veith	10901 S.W. 39th Ct.	Ocala, FL 34476
S	Robert Veith	10929 S.W. 39th Ct.	Ocala, FL 34476
T	Michael Veith	10901 S.W. 39th Ct.	Ocala, FL 34476

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-03 (352)266-4430

Date

Daytime Phone #

CR2E091 (10/02)

2/4/3