

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 OCT 30 PM 4:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000030834

1. Corporation Name

A-1 GUN PARTS, INC.

Principal Place of Business

1505 W. HILLSBOROUGH AVE.  
TAMPA FL 33614

Mailing Address

1505 W. HILLSBOROUGH AVE.  
TAMPA FL 33614

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/22/2001

5. FEI Number

59-3713396

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	TREADWAY, SHAWN	3260 W. HILLSBOROUGH AVE.	TAMPA FL 33614

800008710638

10/30/02--01116--009 \*\*150.00

*Pr 11/6*

8. Name and Address of Current Registered Agent

SEKAJPO, LAWRENCE D  
9384 N. 56TH ST., STE. 3  
TAMPA FL 33617

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Signature of Registered Agent*  
REGISTERED AGENT MUST SIGN

Date

10/26/02

11. 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 of Carolyn Treadway*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/26/02 813 629 6038

CR2E040 (8/02)

October 26, 2002

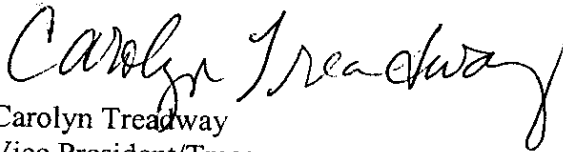
A-1 GUN PARTS, INC.  
1505 W HILLSBOROUGH AVE  
TAMPA FL 33614

Division of Corporations  
P O Box 6327  
Tallahassee FL 32314

Re- 2002 Uniform Business Report: A-1 Gun Parts, Inc.

This is the first notice that I have seen regarding the annual renewal of A-1 Gun Parts, Inc. Please accept our check for \$150.00 for the annual renewal fee. I will ensure that this problem will not occur in the future.

Sincerely,

A handwritten signature in cursive script that reads "Carolyn Treadway". The signature is written in dark ink and is positioned above the printed name and title.

Carolyn Treadway  
Vice President/Treasurer