

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000016627

1. Corporation Name

PARADISE GUNS AND AMMO INC.

Principal Place of Business

5210 US HWY 1
KEY WEST FL 33040

Mailing Address

5210 US HWY 1
KEY WEST FL 33040

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 07

4. Date Incorporated or Qualified
To Do Business in Florida

02/13/2002

5. FEI Number

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
DPST	HAMPTON, BONNIE K	5210 US HWY 1	KEY WEST FL 33040

8. Name and Address of Current Registered Agent

HAMPTON, BONNIE K
33 E. CAHILL CT.
BIG PINE KEY FL 33043

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

Bonnie K Hampton SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10.22.03

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:

Bonnie K Hampton SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.22.03

Date

305 296 4727

Daytime Phone #

CR2E040 (7/03)

July 7, 2003

Secretary of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

RE: Goldies Southernmost Tattooing, Inc.
P94000037327
Uniform Business Report 2003
Abatement of late fees

Dear Sirs:

Enclosed is the above referenced client's UBR form, including a check in the amount of \$150 representing 2003 filing fees. Our client did not receive the 2003 UBR form for its annual filing with your office.

I hereby request that your office abate the late filing fees due to these circumstances.

If you require further clarification, please contact me at 305-294-6606. Thank you in advance for your cooperation in this matter.

Sincerely,

NILES, WILLIS & MOORE, P.A.

Jack D. Niles, Jr., CPA

JDN
Enclosures