

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC -2 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000082500

1. Corporation Name

Bullet Weights Sales, Inc.

2. Principal Office Address

182 Apollo St.

Suite, Apt. #, etc.

City & State

Alda, NE

Zip

68810

Country

USA

3. Mailing Office Address

P.O. Box 187

Suite, Apt. #, etc.

City & State

Alda, NE

Zip

68810

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

July 30, 2002

5. FEI Number

431969811

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

William S. Howell, Jr., Esq.

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

1884 S. Co. Hwy. 393

Suite, Apt. #, Etc.

Suite 200

City

Santa Rosa Beach

State

FL

Zip Code

32459

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

Date

11-29-04

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, S, T, D	Douglas L. Crumrine	182 Apollo St.	Alda, NE 68810
			600043094766 12/01/04 91013 020 ***909.75
			BRN/3

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

Date

11-29-04 3082279541

Daytime Phone #

DOUGLAS L. CRUMRINE