


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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<b>CORPORATION REINSTATEMENT</b>				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P04000072796					
<b>1. Corporation Name</b> CENTURY ARMS OF NAPLES, INC.					
<b>2. Principal Office Address</b> 347 AIRPORT PULLING RD N.			<b>3. Mailing Office Address</b> SAME		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
<b>City &amp; State</b> NAPLES			<b>City &amp; State</b> SAME		
<b>Zip</b> 34104		<b>Country</b> USA		<b>Zip</b> " <b>Country</b> "	

FILED

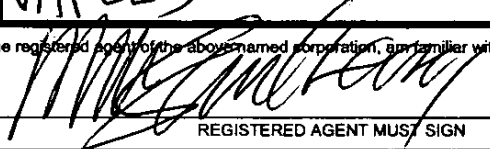
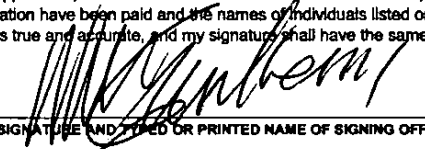
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

65-0487881

<b>REINSTATEMENT</b>	
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 1994	
<b>5. FEI Number</b> 65-0487881	<b>Applied For</b> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b> DAVID M. SANDBERG	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 347 AIRPORT PULLING RD. N	
<b>Suite, Apt. #, Etc.</b>	
<b>City</b> NAPLES	<b>State</b> FL <b>Zip Code</b> 34104

<b>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.</b>			
<b>Signature of Registered Agent</b> 		<b>Date</b>	
<b>REGISTERED AGENT MUST SIGN</b>			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
P	DAVID M. SANDBERG	347 AIRPORT PULLING RD N.	NAPLES FL 34104
<b>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 contained in Chapter 119, 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.</b>			
<b>SIGNATURE:</b> 		<b>Date</b> 1-9-07	<b>Daytime Phone #</b> 239-643-5110
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>			

B. Mitchell JAN 12 2007

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**Century Arms of Naples, Inc**  
**347 Airport Pulling Rd N..**  
**Naples, Fl 34104**  
**239-643-5110 Phone**  
**239-643-7350 FAX**

**January 9, 2007**

**Florida Department of Revenue**  
**Secretary of State**  
**Division of Corporations**  
**PO Box 6327**  
**Tallahassee, Fl. 32314**  
**Document Number: P04000072796**

**Dear Sir or Madam,**

**Please accept the corporation reinstatement application enclosed.**

**This will certify that we did NOT receive Annual Application for the years 2005 and 2006.**

**Enclosed is a check for \$450.00 which will cover the years 2005 and 2006; plus 2007.**

**Sincerely,**



**David M. Sandberg, President**  
**Century Arms of Naples, Inc.**

**Enc.**

FE1 # 65-0487881