

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000117499

1. Corporation Name

Wind River Rifle Company Inc.

2. Principal Office Address - No P.O. Box #

1 Duval st.

3. Mailing Office Address

1 Duval st.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. Walton Beach, FL.

City & State

FT. Walton Beach, FL.

Zip

32547

Country

USA

Zip

32547

Country

USA

REINSTATEMENT

CR2E081 (11/09)

09-10

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

201506259

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

Robert Williams

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

1 Duval st.

Suite, Apt. #, Etc.

City

FT. Walton Beach

State

FL

Zip Code

32547

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

Date

Feb 28

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
<u>D</u>	<u>Williams, Robert</u>	<u>1 Duval st.</u>	<u>FT. Walton Beach, FL.</u> <u>32547</u>
<u>D</u>	<u>Williams, Bryan</u>	<u>1 Duval st.</u>	<u>FT. Walton Beach, FL.</u> <u>32547</u>
<u>D</u>	<u>Kuhovich Rich M</u>	<u>N 54th Ave</u>	<u>Pensacola, FL</u> <u>32506</u>

100171280251
03/04/10--01044--026 **150.00

100171280251
05/06/10--01034--025 **150.00

10. E-mail Address:

(To be used for future annual report notification)

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, I further certify, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb 28 2011 862-1665