

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
16 JUN 24 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P14000027440

1. Corporation Name

DO YOU EVEN GUN BRO?, INC.

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

112 N. 12th Street

Suite, Apt. #, etc.

Apt 512

City & State

Tampa, Florida

Zip

33602

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
03/26/2016

5. FEI Number

46-5417969

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
no

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

James Darren Whitener

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

112 N. 12th Street

Suite, Apt. #, Etc.

Apt 512

City

Tampa

State

FL

Zip Code

33602

800287294008
06/24/16--01027--012 **\$300.00

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

REGISTERED AGENT MUST SIGN

Date **06/10/2016**

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
PTSD	James Darren Whitener	112 N. 12th Street	Tampa, Fl. 33602
VP	Zach Garner	7820 Solari Court	Pasadena, MD 21122

10. E-mail Address: **hjseo00013@gmail.com**

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/10/16

Date

Daytime Phone #