PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harrig

Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name

SIGNATURE:

GUN-HO #167, INC.

FILED

OO JAN 26 PM 1:39

SECRETARY OF STATE
THE CAPACISEE, FLORIDA

12/30/94 (813)628-0037

							À			COMMA	
Principal Place of Business Mailing Addre					ess				, 16111 53161 (611) 616	B. 61114 (8126 1811 1841	
6207 E LLSBOROUGH AVENUE			=	6207 E. HILLSBOROUGH AVENUE							
			SUITE 104 == = TAMPA*FL**	SUITE 104 Tampa=fl=33610 :			\ \tag{\text{100.044} \text{100.0400} 10				
US US											
If above addresses are incorrect in any way, line through incorrect information and enter correction below.									885-848	9900	
New Principal Office Address, If Applicable 3. New Ma				ling Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida 12/10/1993				
Suite, Apt. #, etc. Suite, Apr. #			Suite, Apt. #	#, etc.			5. FEI Number Applied For				
City & State	City & State	City & State			59-3216693 Not Applicable						
Zip Country		Zip	Zip Country			6					
					<u>], </u>		<u></u>		101 a 0	Jennicale of Status	
7. Names and	Street Add	dresses of Each Officer		orida nonpro		tions must list at le		T =			
Title(s)				Officer and/or Director				City / State / Zip			
	PERRY, STEVE			1920 CI	1920 CEDAR BROOKE			LUTZ FL			
		gran N M st									
V \	V Yambura Ray				9604 N 16st			Tampa FL			
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]											
8. Name and Address of Current Registered Agent							9. Name and	9. Name and Address of New Registered Agent			
						Name PORI					
FORD, DAVID A.						Street Address (P.O. Box Number	D. Box Number is Not Acceptable)			
1522 WEST ALICIA AVENUE TAMPA FL 33604					Suite, Apt. #, Etc.			rocke 1	R		
IAMPAF	'L 33004					Suite, Apr. #, Et	. .			-	
						City 575			State Z	ip Code	
10. I, being ap	ppointed the	e registered agent of the	above named cor	poration, am	familiar wi	th and accept the d	obligations of Sect	ion 607.0505, F.S.			
Signature of Registered Agent Date 12/30/94											
Registered Agent Date Date											
<u> </u>				—— <i>[</i>							
thic reinctor	stament and	officer or director or the	dissolution has bee	en eliminated	I, the corpo	rate name satisfie:	s the reduirements	s of section 607.040)1 OF 0 17.U4U1,	r.s., triat all rees	
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.											
On true app	JACAUUTI IS	ापन काप बटल्यावान, काप I	ny argumente andii n	ETO NIO SOII	, o logui olli				A M	4 PME	
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