

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
P 94000014657			
DOCUMENT # P 940000 14657			
1. Corporation Name The Shooting Gallery/Phil Gray, Incorporated			
2. Principal Office Address 3300 North Surf Road Suite, Apt. #, etc. #17		3. Mailing Office Address 425 Stocking, NW Suite, Apt. #, etc.	
City & State Hollywood, FL		City & State Grand Rapids, MI	
Zip 33019	Country	Zip 49504	Country

FILED
DIVISION OF CORPORATIONS
01 FEB -7 AM 8:47

4. Date Incorporated or Qualified To Do Business in Florida	2/21/94
5. FEI Number 59-3226021	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Phil Gray			
Street Address (P.O. Box Number is Not Acceptable) 3300 North Surf Road			
Suite, Apt. #, Etc. #17			
City Hollywood		State FL	Zip Code 33019

100003677331-4
02/13/01-01085-015
***1200.00 ***1200.00

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

Date 2/6/01

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
Pres.	Phil Gray	3300 North Surf Road #17	Hollywood, FL 33019

REINSTATEMENT

98-01

48

2/8/01

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:

Phil W. Gray

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT 2/6/01

616-456-8427

Date

Daytime Phone #