

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

<p>APPLICATION FOR REINSTATEMENT</p> <p>DOCUMENT # <u>94000031908</u></p> <p>1. Corporation Name ALLEN SMITH SHOOTING SPORTS, INC.</p>		<p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p> <p>APPROVED AND FILED 96 NOV 18 PM 3:56 SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>		<p>Principal Place of Business Mailing Address</p> <p>8350 NARCOOSSEE ROAD P. O. BOX 720220 ORLANDO, FLORIDA 32827 ORLANDO, FLORIDA 32872</p> <p><small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small></p>																													
<p>2. New Principal Office Address, If Applicable</p> <p>Suite, Apt. #, etc.</p> <p>City & State</p> <p>Zip Country</p>		<p>3. New Mailing Address, If Applicable</p> <p>Suite, Apt. #, etc.</p> <p>City & State</p> <p>Zip Country</p>		<p>4. Date Incorporated or Qualified To Do Business in Florida APRIL 25, 1996</p> <p>5. FEI Number 59-2454236</p> <p>6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>SB 75 Address Change</small></p>																													
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Title(s)</th> <th style="width: 30%;">Name of Officers and/or Directors</th> <th style="width: 30%;">Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P</td> <td>ALLEN E. SMITH</td> <td>8350 NARCOOSSEE ROAD</td> <td>ORLANDO, FLORIDA 32827</td> </tr> <tr> <td>VT</td> <td>JAMES S. GARRISON</td> <td>8350 NARCOOSSEE ROAD</td> <td>ORLANDO, FLORIDA 32827</td> </tr> <tr> <td>S</td> <td>STEVEN A. SMITH</td> <td>8350 NARCOOSSEE ROAD</td> <td>ORLANDO, FLORIDA 32827</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	P	ALLEN E. SMITH	8350 NARCOOSSEE ROAD	ORLANDO, FLORIDA 32827	VT	JAMES S. GARRISON	8350 NARCOOSSEE ROAD	ORLANDO, FLORIDA 32827	S	STEVEN A. SMITH	8350 NARCOOSSEE ROAD	ORLANDO, FLORIDA 32827												
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<p>8. Name and Address of Current Registered Agent</p> <p>JAMES S. GARRISON 8350 NARCOOSSEE ROAD ORLANDO, FLORIDA 32827</p>			<p>9. Name and Address of New Registered Agent</p> <p>Name HUGH M. PALMER</p> <p>Street Address (P.O. Box Number is Not Acceptable) 1150 LOUISIANA AVENUE</p> <p>Suite, Apt. #, Etc. SUITE 5</p> <p>City WINTER PARK</p> <p>State FL</p> <p>Zip Code 32789</p>																														
<p>10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.</p> <p>Signature of Registered Agent <u><i>Hugh M. Palmer</i></u> Date <u>11-14-96</u> Hugh M. Palmer REGISTERED AGENT MUST SIGN</p>																																	
<p>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)</p>																																	
<p>12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p>																																	
<p>SIGNATURE <u><i>James S. Garrison</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR James S. Garrison</p>			<p><u>11-13-96</u> 407-282-7549 Date Daytime Phone #</p>																														

REINSTATEMENT

1996
H. Palmer
11-18-96

C225040 (12/95)