


**2007 FOR PROFIT CORPORATION  
REINSTATEMENT**


**FILED**  
07 OCT -9 PH 3: 07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000049487 1. Entity Name ANTIQUÉ ARMS, INC.	
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Principal Place of Business 3191 LOXAHATCHEE, FL 33470	Mailing Address 3191 LOXAHATCHEE, FL 33470
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2. Principal Place of Business - No P.O. Box # <b>3191 E Rd</b>	3. Mailing Address <b>3191 E Rd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Loxahatchee FL</b>	City & State <b>Loxahatchee FL</b>
Zip <b>33470</b>	Zip <b>33470</b>
Country <b>USA</b>	Country <b>USA</b>

	
<b>REINSTATEMENT</b>	
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  KLINE, WILLIAM 3191 LOXAHATCHEE, FL 33470	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) <b>N.A.</b> City <b>FL</b> Zip Code _____
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  
SIGNATURE: *N.A.* (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2008, Fee will be \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KLINE, WILLIAM 3191 "E" ROAD LOXAHATCHEE, FL 33470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300110458173</b> <b>10/08/07-01010-023 **158.75</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KLINE, CAROL 3191 "E" ROAD LOXAHATCHEE, FL 33470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KLINE, MITCHELL 3191 "E" ROAD LOXAHATCHEE, FL 33470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William Kline* **10-5-07** **248-9543**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #