


**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.



Principal Place of Business Mailing Address
3191 3191
LOXAHATCHEE, FL 33470 LOXAHATCHEE, FL 33470

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
3191 E Rd 3191 E Rd
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Loxahatchee FL Loxahatchee FL
Zip Country Zip Country
33470 USA 33470 USA



REINSTATEMENT
09272007 REIN-R GR2E098(1/07) (DT)

4. FEI Number Applied For
NOT APPLICABLE Not Applicable

5. Certificate of Status Desired \$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) N.A.
City FL Zip Code

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. DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 <u>300110458173</u> <u>10/08/07-01010-023</u> **158.75
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 Date: 10-5-07 Daytime Phone #: 248-9543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR