

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000013177

1. Corporation Name

MIKE'S OKEECHOBEE GUNS, INC.

2. Principal Office Address

105 S.W. Park Street

Suite, Apt. #, etc.

City & State

Okeechobee, FL

Zip

34974

Country

Okeechobee

3. Mailing Office Address

105 S.W. Park Street

Suite, Apt. #, etc.

City & State

Okeechobee, FL

Zip

34974

Country

Okeechobee

**REINSTATEMENT**

01-04

MRS

4. Date Incorporated or Qualified  
To Do Business in Florida

02/08/96

5. FEI Number

650710273

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

MICHAEL O'CONNOR

Street Address (P.O. Box Number is Not Acceptable)

105 S.W. Park Street

Suite, Apt. #, Etc.

City

Okeechobee

State  
FL

Zip Code  
34974

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

*Michael O'Connor*  
REGISTERED AGENT MUST SIGN

Date 12/29/04

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
PD	MICHAEL O'CONNOR	105 S.W. Park Street	Okeechobee, FL 34974

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:

*Michael O'Connor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael O'Connor, President

12/29/04 (863) 763-0122

Date

Daytime Phone #

FILED

04 DEC 30 AM 11:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA