

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 SEP 30 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

996000097817

1. Corporation Name

Regal Gold & Gun, Inc.
712 E. Venice Ave.
Venice, FL 34293

800008149498--3
-10/02/02--01015--024
****900.00 ****900.00

2. Principal Office Address

712 E. Venice Ave.

3. Mailing Office Address

712 E. Venice Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Venice, Florida

City & State

Venice, Florida

Zip

34292

Country

USA

Zip

34292

Country

USA

REINSTATEMENT

01-02

4. Date Incorporated or Qualified
To Do Business in Florida

12-03-96

5. FEI Number

65-0723863

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

Alan Stein

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

3930 SR 164 E.

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34208

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

9-23-02

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.	ORVAL J. MAKE	3409 Branch Creek Dr. Sarasota, FL 34293	Sarasota, FL 34293

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: *x*

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-23-02

Date

Daytime Phone #

CR2E081 (9/01)

9/23/02