

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 AUG -8 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000022747**

1. Corporation Name

Atlantic Paintball Distributors, Inc

REINSTATEMENT 02-03

2. Principal Office Address

135 Frankford Lane

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Coast FL

City & State

Zip

Country

Zip

Country

32137

4. Date Incorporated or Qualified
To Do Business in Florida

3-11-98

5. FEI Number

59-3497616

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

Paul E Bollenbach III

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

135 Frankford Lane

Suite, Apt. #, Etc.

City

Palm Coast

State

FL

Zip Code

32137

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

X Paul E Bollenbach III

REGISTERED AGENT MUST SIGN

Date

X 7/3/03

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
D.P.S.T.	Paul E Bollenbach III	135 Frankford Lane	Palm Coast FL 32137

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul E Bollenbach III

Date

X 7/3/03

Daytime Phone #

**386-527
2552**

CR2E081 (10/02)