

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S42651**

1. Corporation Name

LANCE ORDNANCE COMPANY, INC.

Principal Place of Business

Mailing Address

HC ROUTE 1 BOX 100 CO. RD. 357
MAYO FL 32066

HC ROUTE 1 BOX 100 CO. RD. 357
MAYO FL 32066

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

125 SE SWISHER ROAD

Suite, Apt. #, etc.

125 SE SWISHER ROAD

City & State

MAYO FL

City & State

MAYO FL

Zip **32066**

Country **USA**

Zip **32066**

Country **USA**

4. Date Incorporated or Qualified
To Do Business in Florida

04/03/1991

5. FEI Number

59-3059508

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	MCCRAY, HAROLD L.	HC ROUTE 1 BOX 100 CO RD 357	MAYO FL 32066
VP	MCCRAY, HENRY J	HC ROUTE 1 BOX 100 CO RD 357	MAYO FL 32066

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10/15/03--01047--016 **758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCCRAY, HAROLD L
COUNTY ROAD 357
MAYO FL 32066

Name

MCCRAY, HAROLD L.

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

125 SE SWISHER ROAD

Suite, Apt. #, Etc.

City

MAYO

State

FL

Zip Code

32066

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Harold McCray

REGISTERED AGENT MUST SIGN

Date **OCTOBER 10, 2003**

11. 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:

Harold McCray

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/03

Date

386-294-3634

Daytime Phone #

CR2E040 (7/03)