

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

03 OCT -6 PM 2:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V23106

**1. Corporation Name**

North American TopGun, Inc.

700023587307  
10/06/03--01062--020 \*\*750.00

**REINSTATEMENT 2003**

**2. Principal Office Address**

270 Estrella Ave.

**3. Mailing Office Address**

270 Estrella Ave.

Suite, Apt. #, etc.

H-4

Suite, Apt. #, etc.

H-4

City & State

St. Augustine, FL

City & State

St. Augustine, FL

Zip

32095

Country

USA

Zip

32095

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

59-3113837

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

Moore, Bruce L.

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

270 Estrella Ave.

Suite, Apt. #, Etc.

H-4

City

St. Augustine

State

FL

Zip Code

32095

**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

*Bruce L Moore*

REGISTERED AGENT MUST SIGN

Date 10-02-03

**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
PD	Moore, Bruce L.	10275 Gregory Ave.	Hastings, FL 32145
VD	Moore, Velda J.	10275 Gregory Ave.	Hastings, FL 32145

**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:

*Bruce L Moore* Bruce Moore 10-02-03 904-823-3505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)