

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 JUN -5 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V60460

1. Corporation Name

Florida Shooting & Police Supply, Inc.

2. Principal Office Address

10432 Tara Dr.

Suite, Apt. #, etc.

City & State

Riverview, FL

Zip

33569

Country

Hillsborough

3. Mailing Office Address

10432 Tara Dr.

Suite, Apt. #, etc.

City & State

Riverview, FL

Zip

33569

Country

Hillsborough

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

8/27/92

5. FEI Number

650359748

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

Zan Zeige

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

10432 Tara Dr.

Suite, Apt. #, Etc.

City

Riverview, FL

State
FL

Zip Code
33569

800005753598--3
-06/11/02--01071-012
***1350.00 *** 350.00

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**

REGISTERED AGENT MUST SIGN

Date 6/04/02

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
P.	Zan Zeige	10432 Tara Dr.	Riverview, FL 33569
	1200.00 - Adm		
	61.25 - AR		
	88.75 - ARsupp		

REINSTATEMENT 98-02178

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:

Zan Zeige

6/04/02

813-671-1999

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (8/01)