## DUENCE DEAD ALL INSTRUCTIONS REFORE COMPLETING THIS FORM

	·	PLEASE NEAD	ALL INSTI	nuci	ONS	3 BEFORE	COMPLET	ING THIS FORM.		
REINSTATEMENT					DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS			OPOCT 26 AMII: 10		
DOCUMENT # 76 22 95  1. Corporation Name  339th FIGHTER GROUP ASSOCIATION, INC.							SE TA	CRETARY OF STATE LLAHASSEE, FLORIDA		
2. Principal Office Address - No P.O. Box #       3. Mailing O         2732 South 7th St.       2832 S         Suite, Apt. #, etc.       Suite, Apt. #,							10/26/	500162149215 10/26/0901022021 (12/07)**61.25		
								To Do Business in Florida 3/4/1982		
City & State City & State				oan WT			I	5. FEI Number Applied For		
Sheboygan, WI Zip Country			Sheboygan, WI			itry		59-2176422 N		
	31-6802	USA	53081-68	02		SÁ	6. CERTIFICATI		itional Fee require rtificate of Status	
Name  Warren L. Olsen  Street Address (P.O. Box Number is Not Acceptable)  1041 Lyle Street  Suite, Apt. #, Etc.  City Port Charlotte  State  State  Zip Code FL 33952-1342							circum the pr are co receiv fee be	The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligation of Registered Agent  REGISTERED AGENT MUST SIGN								ion 607.0505 or 617.0503, F.S.	<u>09</u>	
9. Names	and Street A	ddresses of Each Officer an	d/or Director (Flo	rida nonpr	ofit corp	orations must list a	it least 3 directors)		<del></del>	
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip		
PD	Stephen C. Ananian			4 North Orchard Farms: Avenue			rms::Avenue	Simpsonville, SC 29681-4886		
<b>V</b> D	William R. MacClarence			625 Bridge Way Lane			e	Naples, FL 34108		
SD	Stephen C. Ananian			4 North Orchard Farms Avenue			rms Avenue	Simpsonville, SC 29681-4886		
TD	Richard G. Thieme			2732 South 7th Street				Sheboygan, WI 5308	1-6802	
	RE	INSTAT	EME	NT		RH				

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 fisted on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is tree; and my signature shall have the same legal effect as if made under oath. Richard G. Thieme

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 filling

SIGNATURE: Fulland SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19 Oct. 2009

920-452-4780

Daytime Phone #