	PLEASE READ	ALL INS	FRUCTIONS	BEFORE C	OMPLET	ING THIS FORM.		
	PLICATION FOR STATEMENT		A DEPARTMENT Sandra B. Mon	rtham State				
DOCUMENT # N9400001296						FILED		
1. Corporation Name						97 SEP 26 PM 3: 53		
South Florida Railway Museum, INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
		3∞	Mailing Address 1300 W. Hillsboro BLVD Deerfield Bch, FL 33442				. 05	
					REINSTATEMENT 90-47			
			low Mailing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida 3/14/94		
Suite, Apt.		Suite, Apt #, etc. City & State			5. FEI Number Applied For Not Applied For Not Applied Por			
City & State	Country			Country		6. S8 75 Additional Factorised		
						OF STATUS DESIRED (for a Ce	rtificate of Status	
Title(s)	7. Names and Street Addresses of Each Officer and/or Director (Flo Name of Officers and/or Directors 2			eet Address of Each ficer and/or Director se Post Office Box N		City / State / Zi	p	
P/D	Howaro G. Good	in	1815 NW 6	7 Ave		Margate, FL 330	068	
4/2	Thomas Merchberge	1440 N€ 32 ST			^	33064		
5/T/D	Mark W. Shorter	1300 W. Hillshorn BLVD			Deerfield Beh, F.	33442		
D	Marvin Kempner	11820 Fourtainside Circle			Boynton But, Fi	33482		
mD	James Lupter	6968 Town Harbour Blvo #2220			BOLA RATON, FL	33487		
<i>p</i> .	D. E.E Hoisington 8. Name and Address of Current Registered Agen			1427 E. Hillsboro BL10 # 629		Deer field Bch, Fe	3344	
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Mark W. Share Street Address (P.O. Box Number is Not Acceptable) 3500 N. Sr. 7 #199 Lavo Cokes, R. 33319 City City 1. Name Mark W. Share Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. -09/30/97011						LS—2 5-005 \$#367.50		
10. I, being appointed the registered agent of the above named convoration, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent								
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No No Intangible tax.)								
12. 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 signal me shall have the same legal effect as if made under oath.								

9/a/197 561-790-1962

mD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR