

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 APR -2 PM 2:02

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 756186

1. Corporation Name

Weeks Air Museum, Inc.

2. Principal Office Address - No P.O. Box #

1400 Broadway Blvd. SE
Suite, Apt. #, etc.

3. Mailing Office Address

Blvd. SE
1400 Broadway
Suite, Apt. #, etc.

City & State

Polk City, FL 33868

Zip

Country

USA

City & State

Polk City, FL

Zip

Country

33868

USA

REINSTATEMENT 04-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

02-02-1981

5. FEI Number

592067321

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

Kermit A. Weeks

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

1400 Broadway Blvd. SE

Suite, Apt. #, Etc.

City

Polk City

State

FL

Zip Code

33868

☐ 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 obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date 03-26-07

REGISTERED AGENT MUST SIGN

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 |
|--------|--------------------------------------|---|---|
| PVD | Kermit Weeks | 509 Edgewater Dr. | Polk City, FL 33868 |
| STD | Marta S. Weeks | 7350 SW 162nd Street | Miami, FL |
| D | Ned Bliss | 38 Bullard St. | Sherborne, MA |
| | | | 100095002131 04/06/07-011043-024 ***420 00 |
| | | | |
| | | | |
| | | | |

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-26-07

Date

Daytime Phone #

(863)
984-
3500