

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N00000005982**

1. Corporation Name

FLORIDA MILITARY HERITAGE MUSEUM, INC.

Principal Place of Business

Mailing Address

~~2000 PEACE RIVER DRIVE~~
~~PUNTA GORDA FL 33980~~

~~2000 PEACE RIVER DRIVE~~
~~PUNTA GORDA FL 33980~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1200 W. RETTA ESPANADE

Suite, Apt. #, etc.

B4

City & State
PUNTA GORDA, FL

Zip

33950

Country

U.S.A.

3. New Mailing Office Address, If Applicable

1200 W. RETTA ESPANADE

Suite, Apt. #, etc.

B4

City & State
PUNTA GORDA, FL

Zip

33950

Country

U.S.A.

4. Date incorporated or assumed
To Do Business in Florida

09/05/2000

5. FEI Number

65-1036360

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	DEGAETA, PAUL	2836 PEACE RIVER DRIVE	PUNTA GORDA FL 33980
VD	PRIER, CLYDE	548 LAUREL AVE	PUNTA GORDA FL 33952
VD	LUKASIK, FRANK A	1250 W MARION AVE #142	PUNTA GORDA FL 33950
STD PD	BRANNON, DAVID L	1314 HARBOR BLVD	PORT CHARLOTTE FL 33952
SD	RINEHART, JOYCE	21556 EDGEWATER DRIVE	PORT CHARLOTTE, FL 33952
TD	MIELKE, LEONARD	343 MADRID BLVD	PUNTA GORDA, FL 33982

8. Name and Address of Current Registered Agent

LUKASIK, FRANK A
201 W MARION AVE #201
PUNTA GORDA FL 33950

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

100004702121--6

-12/03/01--01047--011

******245.00 ****245.00**

Date **11/05/01**

11: 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.

DAVID L. BRANNON

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov 3, 2001 951-764-0688

Date

Daytime Phone #

CR2E040 (8/01)