2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N00594 1. Entity Name THE FIRST FLORIDA CHAPTER OF THE MILITARY VEHICLE PRESERVATION ASSOCIATION, INC.							FILED 05 NOV -9 PM 3: 23	
Principal Place of Business 2232 SMILEY AVE WINTER PARK, FL 32792 Mailing Address 2232 SMILEY AVE WINTER PARK, FL 32792 WINTER PARK, FL 32792						SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal F	Place of Busin	ness	3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				REMSTATENDER 18/04) OS)
City & Stat	e		City & State				4. FEI Number Applied For 59-2362278 Applied For Not Applica	_
Zip		Country			Country		5. Certificate of Status Desired Section Fee Required	
8. Name and Address of Current Registered Agent Name Name						7. Name and Address of New Registered Agent -	_	
NELSON, 3253 CHIN MIDDLE B	INEY DR					(P.O. Box Number is Not Acceptable) 3 Chanky DC:		
			City	Middle burg FL 32068				
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE At South Bud — PRESIDENT 10-29-05 Signature, typed or printed hame of registered agent and tate of applicable. (NOTE: Registered Agent signature required when relinstating) DATE								
FILE NOWIII FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50 Make check payable to Fiorida Department of State								
10.	OFFICERS AND DIRECTORS						ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
NAME STREET ADDRESS CITY-ST-ZIP	NELSON, BUD			•		TELOPINO OFFI DOL MOCTO! CO		
TITLE	VP □ Delete			TITLE			☐ Change ☐ Addi	tion
NAME STREET ADDRESS		MURTY, ROBERT 7043 SW 99 ST		NAME	T ADORESS			
CITY-ST-ZIP	OCALA, F				ST-ZIP			
TITLE NAME	TD BYERS, A	U AN T	Delete	TITLE			☐ Change ☐ Addit	ion
STREET ADDRESS	l		NAME STREE	T ADDRESS		•		
CITY-ST-ZIP	ORLANDO, FL 328041748				ST-ZIP			4
TITLE NAME	ED DEREN, F	RICHARD	Delete	TITLE		ED ROB	JERT N6TM AN	ion
STREET ADDRESS CITY-ST-ZIP	6528 SUMMERFIELD LOOP NEW PORT RICHEY, FL 346555648			1	T ADDRESS ST-ZIP	263	DO STREET FAIR LN	
TITLE	SD	······································	Delete	TITLE		SD	-CA1+ASSCL, FC 32317 Frennoe □Addit	ion
NAME STREET ADDRESS	DEREN, DIANE				NAME DEX		LEN RICHARD T SUMMERFIELD LOOP	
CITY-ST-ZIP	l de la companya de						PORT RICHE FL 34655	
TITLE			☐ Delete	TITLE			☐ Change ☐ Addii	.ion
NAME STREET ADDRESS				name Stree	T ADDRESS			
CITY-ST-ZIP	naudification of		for filling along a control of the		ST-ZIP			_
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.								
SIGNATURE: Alon Joyn ALAN 84ERS 10-26-2005 407-740-7517								