

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 001000001830

1. Corporation Name

MILITARY VEHICLE MUSEUM, INC.

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

233 N. HOAGLAND Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

KISSIMMEE, FLORIDA

City & State

SAME

Zip

34741

Country

U.S.

Zip

SAME

Country

SAME

**7. Name and Address of Current Registered Agent**

Name

GEORGE MAYES

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

3300 PRYOR Rd

Suite, Apt. #, Etc.

City

HAINES CITY

State

FL

Zip Code

34844

4. Date Incorporated or Qualified  
To Do Business in Florida

03-12-2001

5. FEI Number

59 3717270

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

☒ 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

*George Mayes*

REGISTERED AGENT MUST SIGN

Date 10-26-08

**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
D	GEORGE MAYES	3300 PRYOR Rd	HAINES CITY, FL 34844
D	DEREK J. GREEN	UNKNOWN	UNKNOWN
D	TED SMITH	UNKNOWN	UNKNOWN

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:

*George Mayes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-26-08 (863) 421-2344

Date

Daytime Phone #

FILED

08 DEC -4 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 0006-2008  
KRC  
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