PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS					12 OCT 12 AM ID: 45 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
DOCUMENT # NO30000 7055 1. Corporation Name Military Museum. Inc.					REINSTATEMENT		
			office Address unker Avenue			CR2E081 (11/10)	OCT 1 5 2012
Suite, Apt. #, etc. City & State Green Care Springs FL Green Zip Zip 32043 City & State Areen Care Springs FL Green Zip 3204			Luve Spr	ings Fl			
7. Name and Address of Current Registered Agent Name Bussell Haven of Rest Funeral Home & Cemetary Street Address (P.O. Box Number is Not Acceptable) 2335 Sandridge Road Suite. Apt. #, Etc. City Green Cove Springs. State 32043					000240754590 10/12/1201039004 **42 0. 00		
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 Date							
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		
Ρ	Bernard Melson		3253 Chimney Drive			Middleburg, FL 3	2068
45	Herbert Steig	elman 4	ran 4259 Chokeberry			Middleburg, FL	
+	Cindy PONTRELLi		851 Bulkhead Road			Green Cove Springs	72043 ·
D	Jerry Campbell		2429 Sandridge Road			Greenlave Springs FL	32043
D	D Gayward Hendry		577 Branscomb Road			Greenlave SpringsFL	. 320B
D	Christian Roda	tz 9	186 Lak	Keridge Dr	ive	Oramelark FL 3	2065
10. E-mail Address: military museum of @ aol, Com (To be used for future annual report notification)							
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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that talse information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. SIGNATURE:							