2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

08 DEC -8 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

DOCUMENT # N05000008034

1. Entity Name
WINGS OF FREEDOM AVIATION MUSEUM, INC.

Principal Place of Business	Mailing Address
8738 A SW 90TH STREET OCALA, FL 34481	PO BOX 773364 OCALA, FL 34477

11202008 REIN-NP CR2E099 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1754 New Lenox Lane	PO Box 3426
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Dunnellon FL	City & State: Dunnellon FL
Zip: 34430 Country: USA	Zip: 34430 Country: USA

4. FEI Number: 20-3330782 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PAUL, JOHN 11755 SW 79TH CIR OCALA, FL 34476	Name: Richard P. MACK Street Address (P.O. Box Number is Not Acceptable): 10159 SW 192nd Circle City: Dunnellon FL Zip Code: 34432

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.

800138687598
12/08/08--01040--013 **245.00

SIGNATURE: Richard P Mack Richard P. MACK Treasurer 11-25-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $236.25
After January 1, 2009, Fee will be $297.50

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MILLER, JAMES H 8738 A SW 90TH STREET OCALA, FL 34481	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Russell Shay 9375 SW 76th Circle Dunnellon FL 34431	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV HAEDIKE, PAUL (BUD) 11316 SW 139TH PLACE DUNNELLON, FL 34431	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV John Gampp 47 Oak Avenue Inglis FL 34449	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT PAUL, JOHN 11755 SW 79TH CIRCLE OCALA, FL 34476	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Richard P. MACK 10159 SW 192nd CIRCLE Dunnellon FL 34432	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MILLS, CAROLYN 8185 N FANITHA DR CITRUS SPRINGS, FL 34434	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Paul Mink 2063 Tyute Terrace The Villages FL 32162	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAMPP, JOHN 47 OAK AVE INGLIS, FL 34449	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Robert Fowler 10064 SW 182nd Court Dunnellon FL 34432	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHARPE, MARTIE 2256 W GREENWAY PL CITRUS SPRINGS, FL 34434	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Sid Speidel 20 Viburnum Court Homosassa FL 34446	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Richard P Mack Richard P. MACK 11-25-08 352-465-8871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #