2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000008034

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

FILED
08 DEC -8 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

11202008 REIN-NP CR2E099 (1/07)

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

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	DP ☒ Delete	TITLE	DP ☒ Change ☐ Addition
NAME	MILLER, JAMES H	NAME	Russell Shay
STREET ADDRESS	8738 A SW 90TH STREET	STREET ADDRESS	9375 SW 208 Circle
CITY-ST-ZIP	OCALA, FL 34481	CITY-ST-ZIP	Dunnellon FL 34431
TITLE	DV ☒ Delete	TITLE	DV ☒ Change ☐ Addition
NAME	HAEDIKE, PAUL (BUD)	NAME	John Gampp
STREET ADDRESS	11316 SW 139TH PLACE	STREET ADDRESS	47 Oak Avenue
CITY-ST-ZIP	DUNNELLON, FL 34431	CITY-ST-ZIP	Inglis FL 34449
TITLE	DT ☒ Delete	TITLE	DT ☒ Change ☐ Addition
NAME	PAUL, JOHN	NAME	Richard P. MACK
STREET ADDRESS	11755 SW 79TH CIRCLE	STREET ADDRESS	10159 SW 192nd CIRCLE
CITY-ST-ZIP	OCALA, FL 34476	CITY-ST-ZIP	Dunnellon FL 34432
TITLE	SD ☒ Delete	TITLE	SD ☒ Change ☐ Addition
NAME	MILLS, CAROLYN	NAME	Paul Mink
STREET ADDRESS	8185 N FANITHA DR	STREET ADDRESS	2063 Tyute Terrace
CITY-ST-ZIP	CITRUS SPRINGS, FL 34434	CITY-ST-ZIP	The Villages FL 32162
TITLE	D ☒ Delete	TITLE	D ☒ Change ☐ Addition
NAME	GAMPP, JOHN	NAME	Robert Fowler
STREET ADDRESS	47 OAK AVE	STREET ADDRESS	10064 SW 187th Court
CITY-ST-ZIP	INGLIS, FL 34449	CITY-ST-ZIP	Dunnellon FL 34432
TITLE	D ☒ Delete	TITLE	D ☒ Change ☐ Addition
NAME	SHARPE, MARTIE	NAME	Sid Speidel
STREET ADDRESS	2256 W GREENWAY PL	STREET ADDRESS	20 Vinuntum Court
CITY-ST-ZIP	CITRUS SPRINGS, FL 34434	CITY-ST-ZIP	Homosassa FL 34446

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 #