PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV -5 AM 11:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA
11/04/02--01061--005 **236.25

DOCUMENT # N08462

1. Corporation Name

FLORIDA AIR NATIONAL GUARD NONCOMMISSIONED OFFICERS CLUB, INC.

Principal Place of Business	Mailing Address
14300 FANG DRIVE JACKSONVILLE FL 32218 US	14300 FANG DRIVE JACKSONVILLE FL 32218 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 02

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/01/1985

5. FEI Number: 59-1100221 ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	LEE, GARY R	1145 VICTORY LANE	CALLAHAN FL 32011
VP	STEWART, JOHNNIE	6426 MANHATTAN DR	JACKSONVILLE FL 32219
ST	HARRIS, RONALD D	1746 MORNINGSIDE DR	MIDDLEBURG FL 32068
D	WILSON, MICHAEL	451 MONUMENT ROAD	JACKSONVILLE FL 32225
D	HARTFELDER, RON	11303 PRINCESSA LANE	JACKSONVILLE FL

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
HARRIS, RONALD D 1746 MORNINGSIDE DR MIDDLEBURG FL 32068	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: Ronald D Harris SIGNATURE REQUIRED — Date: 30 Oct 02

REGISTERED AGENT MUST SIGN

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., 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 under section 119.07(3)(i), 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: Ronald D Harris SIGNATURE REQUIRED — 30 Oct 02 — (904)741-7271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #