

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 96-97 REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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APPROVED
AND
FILED

97 AUG 25 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N09460**

1. Corporation Name
**503RD PARACHUTE REGIMENTAL TEAM ASSOCIATION
WORLD WAR II, INC.**

W97-19151

Principal Place of Business 1123 Daimler Dr. Apopka, FL 32712	Mailing Address 1123 Daimler Dr. Apopka, FL 32712
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable N/A Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable N/A Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida May 24, 1985
City & State	City & State	5. FEI Number 59-2536280
Zip	Country	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	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City, State, Zip
P	Donald E. Abbott	477 Oak Brook Court	400002278424--9 -08/27/97-01062--012 ****306.25 ****306.25 Santa Rosa, CA 95409
VP	John D. Reynolds	718 Towne Center Drive	Joppa, MD 21085
S/T	Maurice S. Linton	1123 Daimler Drive 1123 Daimler Ct.	Apopka, FL 32712
Rec.	Sec. Margee N. Linton	1123 Daimler Dr.	Apopka, FL 32712

REINSTATEMENT 96-97

8. Name and Address of Current Registered Agent Maurice S. Linton 1123 Daimler Dr. Apopka, FL 32712	9. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code
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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.
Signature of Registered Agent **Maurice S. Linton** Date **August 14, 1997**
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: **Maurice S. Linton** **Aug. 14, 1997** (407) 880-9072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Maurice S. Linton

CRP0040 (12/96)