

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 OCT 26 10:21

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS
W06 0000 44389

DOCUMENT # N11625

1. Corporation Name

392 Bomb Group Memorial Association, Inc

2. Principal Office Address

9107 Wood Point Way

Suite, Apt. #, etc.

City & State

Fairfax, VA

Zip
22039

Country
USA

3. Mailing Office Address

9107 Wood Point Way

Suite, Apt. #, etc.

City & State

Fairfax, VA

Zip
22039

Country
USA

REINSTATEMENT

CR2E081 (12/05)

1989-2006

4. Date Incorporated or Qualified
To Do Business in Florida

10/17/1985

5. FEI Number

59-2644370

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Michael C. Cheek

Street Address (P.O. Box Number is Not Acceptable)

480 Poinsettia Road

Suite, Apt. #, Etc.

City

Belleair

State
FL

Zip Code

33756

~~500080506715
10/31/06--01079--016 **\$1.75~~

~~500080506715
10/05/06 01844 017 **\$24.50~~

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

Michael C. Cheek

REGISTERED AGENT MUST SIGN

Date

9/26/06

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
Pres	Charles Dye	300 Valencia Dr. SE #101	Albuquerque NM 87108
VP	Oak Mackey	6406 E. Presido	Mesa, AZ 85215
Secy	Annette Tison	9107 Wood Point Way	Fairfax, VA 22039
Dir	Gilbert R. Bambauer	12759 N. Walking Deer PL	Oro Valley, AZ 85737
Dir	Lawrence G. Gilbert	1482 Grandville Dr.	Winter Park, FL 32789
Dir	James V. Goar	1555 N. Main St. #106	Frankfort, IN 46041

10. 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 contained in Chapter 119, 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

Lawrence G. Gilbert

Lawrence G. Gilbert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/28/06

Date

407 647-2623

Daytime Phone #