

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Kathleen Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV 20 PM 12:13

**DOCUMENT #** N19026

**1. Corporation Name**

The 493rd Bombardment Group (H)  
Memorial Association, Inc.

**2. Principal Office Address**

13913 CR 136W

Suite, Apt. #, etc.

City & State

Live Oak, FL

Zip

32060

Country

United States

**3. Mailing Office Address**

P. O. Box 190

Suite, Apt. #, etc.

City & State

Live Oak, FL

Zip

32064

Country

United States

**4. Date Incorporated or Qualified  
To Do Business in Florida**

01/30/87

**5. FEI Number**

Applied For

☒ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

\$8.75 Additional Fee required  
for a Certificate of Status

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-11/30/00--01049--021

\*\*\*\*\*78.75 \*\*\*\*\*78.75

**7. Name and Address of Current Registered Agent**

Name

Protsman, Norman

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

13913 CR 136 West

Suite, Apt. #, Etc.

City

Live Oak,

State

FL

Zip Code

32060

**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

*Norman Protsman*  
REGISTERED AGENT MUST SIGN

Date 11-01-00

**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
P	Rawson, William C.	5048 Delacroix RD	Rancho Palos Verdes, CA 90274
PD	Feller, John W.	12 Ridgeview RD	Mullins, WV 25882
VP	Weir, Gordon W.	7242 Oakmont, DR.	Santa Rosa, CA 95409
ST	Senger, Robert	P. O. Box 493	Bridgton, ME 04009
D	Ruggiero, Arthur J.	34 Summit DR	North Brandford, CT 06471
D	King, Carol Lancaster	90 Radcliff ST	Charleston, SC 29403

**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 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:**

*William C. Rawson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2 Nov 2000

Daytime Phone #

(310) 377-0634

CR2E081 (9/99)