

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State,
DIVISION OF CORPORATIONS

FILED

00 MAY 10 PH 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N22336

1. Corporation Name

SOUTH FLORIDA DEFENSE ANTIQUITIES MUSEUM, INC.

Principal Place of Business

158 GULFVIEW ROAD
C/O I.K. STEUART
PUNTA GORDA FL 33950

Mailing Address

158 GULFVIEW ROAD
C/O I.K. STEUART
PUNTA GORDA FL 33950

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/15/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0050333

Applied For

Not Applicable

City & State

City & State

Zip

Country

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(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	STEUART, I.K.	158 GULFVIEW RD.	PUNTA GORDA FL
D	MAYHOOD, LEROY W	11071 E. TERRY STREET	BONITA SPRINGS FL 34135
D	STEUART, SCOTT A.	155 MEADOWOOD DRIVE	DAPHNE AL 36526
D	SHEPARD, GREGORY	18690 TELEGRAPH CREEK LN	ALVA FL 33920
D	MACDONALD, ROBERT	PO BOX 3995, N/A	N. FT. MYERS FL 33917
D	SECKER, WM	950 MOODY RD	N. FT. MYERS FL 33903

8. Name and Address of Current Registered Agent

STEUART, I.K.
158 GULFVIEW ROAD
PUNTA GORDA FL 33950

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 4-21-2000

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-21-2000

Daytime Phone #

941/936-7353