

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N 98 00000 5143**

1. Corporation Name

Mustang Operation and Preservation Society, Inc.

2. Principal Office Address

3951 Merlin Drive

Suite, Apt. #, etc.

City & State

Kissimmee, FL

Zip

34741

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

FILED

2006 SEP 19 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800080025888
09/21/06--01022--006 **\$12.50

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

09/02/1998

5. FEI Number

593474364

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

Angela West

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

3951 Merlin Drive

Suite, Apt. #, Etc.

City

Kissimmee

State
FL

Zip Code

34741

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

Angela West

Date

9-15-06

REGISTERED AGENT MUST SIGN

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
President	Lee Lauderback	3951 Merlin Drive	Kissimmee / FL / 34741
Sec/Treas	Angela West	Same	
Director	Eric Huppert	Same	

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:

Lee Lauderback

Lee Lauderback

9-15-2006

(407)846-4400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #