

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 13 AM 9:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

707642

1. Corporation Name

JOHN G. SALLEY POST 43
AMERICAN LEGION INC.

2. Principal Office Address

399 SOUTH KROME AVE

Suite, Apt. #, etc.

N/A

City & State

HOMESTEAD FL

Zip

33030

Country

3. Mailing Office Address

SAME AS #2

Suite, Apt. #, etc.

N/A

City & State

HOMESTEAD FL

Zip

33030

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/27/1964

5. FEI Number

59-6153531

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

VERNON DEAN HANSON

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

615 SE 28 LANE

Suite, Apt. #, Etc.

City

HOMESTEAD

State

FL

Zip Code

33033

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

Vernon Dean Hanson

REGISTERED AGENT MUST SIGN

Date 24 MARCH 2004

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
CHAIRMAN	CHARLES R OSTENDORF	399 SOUTH KROME AVE	HOMESTEAD FL 33030
VICE	JAMES OLEBAUGH	399 SOUTH KROME AVE	HOMESTEAD FL 33030
FINANCE	VERNON DEAN HANSON	399 S. KROME AVE.	HOMESTEAD, FL 33033
ADVIS	BERNARD T MCGORTY	399 S. KROME AVE.	HOMESTEAD, FL 33030

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)(f), 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:

Charles R Ostendorf

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-04

Date

305-439-3615

Daytime Phone #

CR2001 (10/02)