PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN -9 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 715407

1. Corporation Name

NEWBERRY POST NO. 149, THE AMERICAN LEGION, DEPARTMENT OF FLORIDA

Principal Place of Business	Mailing Address
26821 W NEWBERRY ROAD NEWBERRY FL 32669 US	PO BOX 1 NEWBERRY FL 32669 US

REINSTATEMENT 03

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/11/1968

5. FEI Number: 59-6200333 ☐ Applied For ☐ Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
ADJU	NEWTON SR, JOHN G	~~1505 FORT CLARKE BLVD 12-102~~ 14946 NW 76TH TERR F	~~GAINESVILLE FL 32606~~ TRENTON FL 32693
D	MARLOWE, HERBERT A.	25511 SW 30 AVE	NEWBERRY FL 32669
D	BISHOP, MARION L	3411 NW 170TH ST	NEWBERRY FL 32669
P	RAMOS, JIM	6609 SE 85TH AVE	NEWBERRY FL 32669
D	PHILPOT, HAROLD W.	22426 S.W. 46TH AVENUE	NEWBERRY FL
V	EDWARDS, ROBERT E JR	763SE 83RD CT	NEWBERRY FL 32669

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
NEWTON, JOHN G ~~1505 FORT CLARKE BLVD 12-102~~ 14946 NW 76TH Terr ~~GAINESVILLE FL 32606~~ TRENTON, FL 32693	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State / Zip Code

600026605736
01/09/04--01044--016 **236.25

CR2E040 (7/06)

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. or 617.0505, F.S.

Signature of Registered Agent _____ Date 1/6/04
REGISTERED AGENT MUST SIGN

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: _____ JOHN G NEWTON SR 1/6/04 352-490-9515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ADJUTANT — Date — Daytime Phone #