PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

. APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

716081

1. Corporation Name

LEESBLIDG MEMODIAL

| ORIDA, THE AMERICAN LEGION, | | | | | TALLAHASSEE, FLORIDA | | | |
|--|--|---|--|--|---|---|------------------------------------|--|
| Principal Place of Business Malli | | | alling Address | | | | чид | |
| THE AMERICAN LEGION INC 300 N. THIRD ST. LEESBURG FL 34748 | | 300 N. TH | THE AMERICAN LEGION INC 300 N. THIRD ST. LEESBURG FL 34748 | | | 4DeD as A/R. 19/15/96 | | |
| If above | addresses are incorrect in any way, line | through incorrect | information and enter | correction below | (Con | The state of | be whived | |
| 2 New P | rincipal Office Address, If Applicable | | 3. New Malling Office Address, If Applicable | | | Date Incorporated or Qualified | | |
| Suite, Apt | #, etc. | Suite, Apt. | Suite, Apt. #, etc. | | | To Do Business in Florida 02/19/1969 | | |
| City & State | | City & State | | | 5. FEI Numb | 59-6200815 | Applied For | |
| | | | | | 6. | | Not Applicable | |
| Ζip | rp Country Zip | | Country | | CERTIFICATE OF STATUS DESIRED for a Certificate of Status | | | |
| 7. Names | and Street Addresses of Each Officer ar | d/or Director (F | lorida nonprofit corpora | ations must list at lea | st 3 directors) | | | |
| Title(s) | Name of Officers | | Str | eet Address of Each ficer and/or Director se Post Office Box N | | City / State / Zip | | |
| AD- | NAUGLE, WILLIAM | M | | 418 N BARROW AVE | | TAVAREG FL. | | |
| SD VD | TURNBULL, JAM SAWDEY, HAROLD W | 163 BAY ROAD 11203 U.S. HWY 441 | | | MOUNT DORA, F.L. 32757 TAVARES FL 32778 | | | |
| PD | 1 4 POPLE A PARILLE NAME AND ASSA | | | | | | | |
| ⁻ᠯ᠐ | LARTY, ARCHIE MAG LANCE, DALE I | | 1411 HIGH ST 17704 S | | ~ · · · · · · · · · · · · · · · · · · · | SUMMERFIELD FL. 34491 | | |
| | | | | | 5 | 00001976 10/16/961 | 33 715 | |
| | Name and Address of Current Registered Ag | | | | 9. Name and | Address of New Registered | Agent | |
| 418 t LEES | CLE, WILLIAM R N BARROW AVE BURG, FL RES FL 32778 | SAWDEY. HAROLD W- Street Address (P.O. Box Number Is Not Acceptable) 1/203 U.S. Hwy 4 41 Sulte, Apt. #, Etc. City State Zip Code | | | | | | |
| 0. I, being ignalure o egistered | g appointed the registered agent of the at | 8 - []. | pration, am familiar wi COLUMN BENT MUST SIGN | th end accept the obl | igations of Sec | FL tion 607.0505, F.S. Date 9-20- | | |
| 1. Do De | pes this corporation pay ept. of Revenue under S | any intanç . 199.032, | gible tax to the Florida Statu | e utes. Yes [| □ No [≥ | (See other side | de for information ngible tax.) | |
| De 2. I certify this rein | ept. of Revenue under S that I am an officer or director or the recistalement application, the reason for disk the compression have been paid and the | . 199.032, eliver or trustee el solution has beer | Florida Statumpowered to execute to eliminated, the corpo | this application as pr | wided for in ab | on Intai | ngible tax.) | |

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.

HAROLD W. SAWDEY

FILED

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