

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

08 MAY 08 PM 1:17

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 722440

1. Corporation Name FRED H. REILAND POST 4250 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

5/08/08 01008007 551.25

2. Principal Office Address - No P.O. Box # 2350 SUNSET DR. 3. Mailing Office Address 2350 SUNSET DR.

CR2E081 (12/07)

City & State New Smyrna Beach FL. New Smyrna Beach, FL. Zip 32168 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 5/26/2003 5. FEI Number 596161982

6. CERTIFICATE OF STATUS DESIRED [X] \$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent Name LAWRENCE W. GLASCO Street Address 4665 KOLA ROAD City NEW SMYRNA BEACH State FL Zip Code 32168

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Lawrence W. Glasco Date 4-2-08 REGISTERED AGENT MUST SIGN

Table with 4 columns: Titles, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include Lawrence W. Glasco (Pres), Tom Clayson (V-P), Robert Freshwaters (Secy), and Tom E. Morrell (Treas).

REINSTATEMENT RH

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 individual(s) 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: Lawrence W. Glasco 4-2-08 (386) 228-2029 DAYTIME PHONE #