PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 FEB 23 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 723393

1. Corporation Name
A.E.M. Post No 4287 VETERANS OF FOREIGN OF THE UNITED STATES INCORPORATED

2. Principal Office Address	**3.** Mailing Office Address
A.E.M. Post 4287	A.E.M. Post 4287
Suite, Apt. #, etc. 3500 S. Goldenrod Rd	Suite, Apt. #, etc. P.O. Box 720100
City & State Orlando Fl	City & State Orlando Fl
Zip 32822 Country ORANGE	Zip 32872 Country ORANGE

4. Date Incorporated or Qualified To Do Business in Florida 05/12/1972

5. FEI Number 23-7069121 ☐ 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: Richard A Sagen

000003156126--3
-03/03/00--01003--017
****490.00 ****490.00

Street Address (P.O. Box Number is Not Acceptable): 9 Capehart Dr

REINSTATEMENT 97-00 TS

Suite, Apt. #, Etc.:

City: Orlando State: FL Zip Code: 32807

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: Richard A Sagen
REGISTERED AGENT MUST SIGN

Date 19 Feb 2000

CR2E081 (9/99)

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
D	JAMES E. STANDLEE	7609 Pine Hollow, CT.	Orlando, Fl 32822
D	Richard A SAGEN	9 Capehart, Dr.	Orlando, Fl 32807
D	Gilbert E. Potyandy	8166 Britt, Dr	Orlando, Fl 32822
T	Robert W Broderick	7415 Molokai, ST	Orlando, Fl 32822
T	WALTER A PEASE	3024 Club View Dr	Orlando, Fl 32822
T	Richard H Swoszowski	5344 Lake Underhill Rd	Orland, Fl 32822

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)(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: Richard A Sagen 19 Feb 2000 407 273 6581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #