2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 739125

1. Entity Name
HILLIARD POST 10095 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

FILED
04 NOV -1 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2004

Principal Place of Business	Mailing Address
37965 EASTWOOD ROAD HILLIARD, FL 32046 US	P.O. BOX 643 HILLIARD, FL 32046 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 23-7078833 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GARVER, GARY A 642 MIDDLE RD CALLAHAN, FL 32011	Name: G. Charles Kincade Street Address (P.O. Box Number is Not Acceptable): 26204 Busch Dr. Hilliard Fla 32046 City: Hilliard Fla. FL Zip Code: 32046

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: G.C. Kincade 10/30/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $236.25
After January 1, 2005, Fee will be $297.50

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GARVER, GARY 642 MIDDLE ROAD CALLAHAN, FL 32011	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COMMANDER G C KINCADE 26204 BUSCH DR. HILLIARD, FL 32046	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KINCADE, CHARLES 26204 BUSCH DRIVE HILLIARD, FL 32046	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SR VICE ALBERT OWENS P.O. BOX 643 HILLIARD, FL 32046	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CREWS, PHILLIP 2594 DRURY FERRY LN. HILLIARD, FL 32046	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	QUARTERMASTER PHILLIP CREWS 2594 DRURY FERRY LN HILLIARD, FL 32046	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600042365546 11/01/04--01074--020 **236.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: G.C. Kincade 10-30-04 904 845-4144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #