

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-05

11/19/04 T. Roberts OFF AA 900R
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CR2E081 (8/05)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 752056

1. Corporation Name
Lake Panasoffkee Post NO 10084 Veterans of Foreign Wars of the United States, Inc.

2. Principal Office Address 2027 CR 439		3. Mailing Office Address P.O. Box 391	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lake Panasoffkee, FL		City & State Lake Panasoffkee, FL	
Zip 33538	Country USA	Zip 33538	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 4/16/1980

5. FEI Number 23-7403193

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Joseph F. Schott

Street Address (P.O. Box Number is Not Acceptable): 2686 Ne 13th Terrace

Suite, Apt. #, Etc.

City: Lake Panasoffkee

State: FL Zip Code: 33538

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: *Joseph F. Schott* REGISTERED AGENT MUST SIGN

Date: 9/30/05

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
C	Joseph F. Schott	P.O. Box 1093	Lake Panasoffkee, FL 33538
SVC	Ross C. Cowles	P.O. Box 911	Lake Panasoffkee, FL 33538
ST	Robert G. West	P.O. Box 724	Lake Panasoffkee, FL 33538
D	Elwood Reddinger	878 CR 485A	Lake Panasoffkee, FL 33538
JVC	Weldon F. Jones	P.O. Box 447	Lake Panasoffkee, FL 33538
T	Dwight R. Bruce	P.O. Box 1198	Lake Panasoffkee, FL 33538

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: *Joseph F. Schott* Joseph F. Schott

Date: 9/30/05

Daytime Phone #: 793-2054