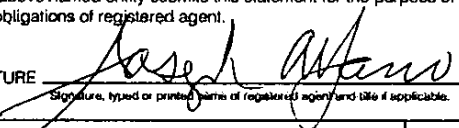
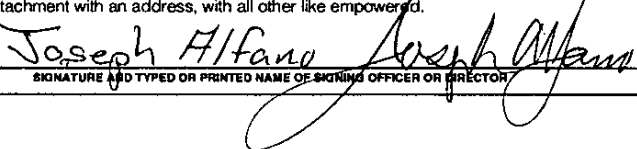


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 765317 1. Entity Name SOUTH MARION CHAPTER #85, DISABLED AMERICAN VETERANS, DEPARTMENT OF FLORIDA, INCORPORATED						FILED 05 OCT 11 PM 12:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA  REINSTATEMENT 2005 100820053 REIN-10 CR2E05 (6/04)	
Principal Place of Business 9636 S.E. 58TH AVENUE P O BOX 3156 BELLEVUE, FL 34421 US				Mailing Address 9892 S.E. 58TH AVENUE P O BOX 3156 BELLEVUE, FL 34421 US			
2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2299313 Applied For ☐ Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ALFANO, JOSEPH 3809 SE 3RD STREET OCALA, FL 34471				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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  DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
FILE NOW!!! FEE IS \$236.25 After January 1, 2006, 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	T PERRI, ANTHONY F 3 JUNIPER LANE PALM BEACH, FL 33480	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 700060489727 10/11/05--01042--013 **236.25		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CRUCE, JAMES E. 10631 S.E. 52ND CT. BELLEVUE, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HEASTY, JOHN N 9441 SW 30 TERRACE OCALA, FL 34471	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCALPIN, JOHN C 50 SEPECAN COURSE CIR OCALA, FL 34472	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MICHEL, CHARLES 8533 126TH PL BELLEVUE, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		☐ 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: Oct. 8, 2005 352-2459080 Daytime Phone #			