2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02000001413

1. Entity Name
AMERICAN LEGION GULF BREEZE POST 378 INC.

FILED
06 NOV -9 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5260 GULF BREEZE PARKWAY GULF BREEZE, FL 32563	5260 GULF BREEZE PARKWAY GULF BREEZE, FL 32563 ATTN DAVID W PICKARD

11062006 REIN-NP CR2E099 (11/05)

2. Principal Place of Business	3. Mailing Address
1773 ST MARYS DR Suite, Apt. #, etc.	P.O. Box 6334 Suite, Apt. #, etc.
City & State: Gulf Breeze	City & State: Gulf Breeze FL
Zip: FL. Country: USA	Zip: 32563 Country: USA

4. FEI Number 59-3561900 ☐ 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
BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE, FL 32301-2960	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $61.25
After January 1, 2007, Fee will be $122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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	PD GROOMS, ALAN C 2763 AUGUSTUS ROAD NAVARRE, FL 32566	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200091665872 11/09/06--01039--004 **70.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S VP FREEMAN, TED A 1942 THUMAN DR. NAVARRE, FL 32566	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 06
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PD PICKARD, DAVID W 1772 ST. MARYS DR. GULF BREEZE, FL 32563	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RICHARD J. LAUCELLA 1049 GREAT OAKS DR. GULF BREEZE, FL 32563	☐ 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	☐ 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 exemptions contained in Chapter 119, 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: David W Pickard DAVID W PICKARD 11-6-06 850-261-3401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JC 11/13