PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED

02 FEB 21 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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DOCUMENT # N06215

1. Corporation Name

SOUTH ST. PETERSBURG POST NO. 10174 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business	Mailing Address
1780-49 ST. S. ST. PETERSBURG FL 33707 US	1780-49 ST. S. ST. PETERSBURG FL 33711

REINSTATEMENT 01-02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc:	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/16/1984

5. FEI Number: 59-6156233 — Applied For ☐ Not Applicable ☐

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
~~DD~~	~~GALE, WILLIAM JR.~~	~~846-18 STREET SOUTH~~	~~SAINT PETERSBURG FL 33712~~
D	NORRIS MALLOY	2208 SUNRISE DR SE	ST. PETERSBURG FL 33705
D	~~SAMUEL KICKLIGHTER~~	~~2137 - 19TH ST S~~	~~ST. PETERSBURG FL 33712~~
CD	POST COMMANDER HURBET JACKSON	6881 19 STS	ST PETERSBURG FL 33705
D	POST QUARTER MASTER CHARENCE H NELSON	4350 TUNA DR S.E.	ST PETERSBURG FL 33705
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8. Name and Address of Current Registered Agent

~~SAMUEL KICKLIGHTER~~ CLARENCE H NELSON
~~2137 - 19TH ST S~~ 4350 TUNA DR S.E
~~ST. PETERSBURG FL 33712~~ ST PETERSBURG FL 33705

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/01)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Clarence H Nelson — Date: 23 Dec 01
REGISTERED AGENT MUST SIGN

11. 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: Clarence H Nelson — CLARENCE H NELSON, QUARTER MASTER — 23 Dec 01 — (727) 698-3032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #