


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N33193

1. Corporation Name

DISABLED AMERICAN VETERANS AUXILIARY TAMPA UNIT
#4, INC. DEPARTMENT OF FLORIDA

Principal Place of Business

2612 TAMPA STREET
P O BOX 7561
TAMPA FL 33673-7561

Mailing Address

1447 FOGGY RIDGE PKWY
LUTZ FL 33549
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/10/1989

5. FEI Number

23-7331178

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MANNING, JILL K	1447 FOGGY RIDGE PKWY	LUTZ FL 33549
VD	ROUSSEY, DELORES Carolyn Hankins	1447 FOGGY RIDGE PKWY 807 E Grove Ave, FL	LUTZ FL Tampa, FL 33612
TD	MCFADDEN, BARBARA	6815 NORTH 48TH STREET	TAMPA FL, 33610
PD	LANCE, RAMONA Helen Gelvin	1447 FOGGY RIDGE PKWY 6105 Land O Lakes Blvd	LUTZ FL Land O Lakes FL
100004658831--4 -10/30/01-01028-008 ****358.75 ****358.75			

8. Name and Address of Current Registered Agent

LANCE, RAMONA M.
1447 FOGGY RIDGE PARKWAY
LUTZ FL 33549

9. Name and Address of New Registered Agent

Name

Elizabeth McGuire CPA

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

4721 E 98th Ave

Suite, Apt. #, Etc.

City

Tampa FL

State

FL

Zip Code

33617

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



Date 10-12-01

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:



Date

Daytime Phone #

10-15-01 972-5873