PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 APR 26 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N49665

1. Corporation Name
AMVETS GOLDEN TRIANGLE POST #1992, INC.

REINSTATEMENT 0001

2. Principal Office Address	**3.** Mailing Office Address
31116-F Fairview Ave.	P.O. Box 492722
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Tavares, Florida	Leesburg, Florida
Zip: 32778 Country: USA	Zip: 34749 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 06-26-92

5. FEI Number: 59-3129495 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Johnson, Charles D.

Street Address (P.O. Box Number is Not Acceptable): 907 Webster Street

100004193551--0
-05/11/01--01002--002
****306.25 ****306.25
LS

Suite, Apt. #, Etc.:

City: Leesburg | State: FL | Zip Code: 34779

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: _____ Date: 4/24/01
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
D,V	Kelly, Tom	226 East Ridge Dr.	Eustis, FL 32726
D,T	Richards, Robert L.	31635 Blanton Ln.	Tavares, FL 32778
D,P	Kindred, Larry	14915 Old Hwy 44	Tavares, FL 34731
D,S	Brienik, Richard J.	1019 Dundee Circle	Leesburg, FL 34788

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: _____ Robert L. Richards 4/24/01 352-978-4929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #