PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 FEB 20 PM 3:24

DOCUMENT # N 49668

1. Corporation Name
MULBERRY MEMORIAL POST 72, AMERICAN LEGION, INC.

REINSTATEMENT 99-a

2. Principal Office Address	**3.** Mailing Office Address
1500 ST. RD. 37 N.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MULBERRY, FL	City & State: SAME
Zip: 33860 Country: USA	Zip: SAME Country: SAME

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: FL 59-2335319 ☐ 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: MARTIN D. WEEKS

Street Address (P.O. Box Number is Not Acceptable): 243 FIVE IRON DR.

500003758225--6
-02/26/01--01002--005
****367.50 ****367.50

Suite, Apt. #, Etc.:

City: MULBERRY State: FL Zip Code: 33860

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: Mark D. Weeks — REGISTERED AGENT MUST SIGN

Date: 2/14/01

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
CHDR	MARTIN D. WEEKS D	243 FIVE IRON DR	MULBERRY, FL 33860
VICE CHDR	JOHN WILKERSON D	274 LAKE HURON DR	"
VICE CHDR	RANDALL MILLS D	4095 DAVIS RD	"
VICE CHDR	JERRY MITCHELL D	363 CRESTWOOD DR	"
LEGAL	ALAN P. HALL D	2020 ST. RD. 37 SOUTH	"

$8 12/24

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: Mark D. Weeks MARTIN D. WEEKS 2/14/01 (863) 425.0644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #