PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N95000001238

1. Corporation Name

Tarpon Springs Post 46, The American Legion, Tarpon Springs, FL., Inc.

2. Principal Office Address	**3.** Mailing Office Address
1029 Gulf Rd. West	P.O. Box 1335
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Tarpon Springs, FL	Tarpon Springs, FL
Zip: 34689 Country: USA	Zip: 34688 Country: USA

REINSTATEMENT 9-7-00

4. Date Incorporated or Qualified To Do Business in Florida: 03/13/1995

5. FEI Number: ☐ 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: Abe L. Tarapani

Street Address (P.O. Box Number is Not Acceptable): 750 Bayshore Drive

Suite, Apt. #, Etc.:

City: Tarpon Springs State: FL Zip Code: 34689

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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: Abe L. Tarapani
REGISTERED AGENT MUST SIGN

Date: 9/14/00

CR2E081 (9/99)

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
PD	Troy Vaughan	597 Island Drive	Tarpon Springs, FL 34689
SD	Abe L. Tarapani	750 Bayshore Drive	Tarpon Springs, FL 34689
D	Michael Faklis	139 E. Tarpon Avenue	Tarpon Springs, FL 34689

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 required on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

KE

SIGNATURE: Abe L. Tarapani 9/13/00 727-937-5203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #