PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 00 W862

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 DEC 21 PM 4:57

500003514895--1
-12/27/00--01078--022
*****61.25 *****61.25

DOCUMENT # N95000004352

1. Corporation Name

Deland AMVETS Post 13, Inc.

2. Principal Office Address	**3.** Mailing Office Address
639 W May St	VFW Post 2380
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	P.O. Box 1146
City & State	City & State
Deland FL	Deland FL
Zip / Country	Zip / Country
32720 / Volusia	32720 / Volusia

4. Date Incorporated or Qualified To Do Business in Florida 09/08/95

5. FEI Number 593334943 ☐ 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: Thomas Gibbons

Street Address (P.O. Box Number is Not Acceptable): 639 West May St

Suite, Apt. #, Etc.:

City: Deland | State: FL | Zip Code: 32720

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 12/20/00

REGISTERED AGENT MUST SIGN

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
DC	Dave Wheaton	330 N Summit Ave	Lake Helen FL 32744
DVC	Thomas Gibbons	639 W May St	Deland FL 32720
VCD	Daniel Houlihan	2981 N Shell Rd	Deland FL 32720
CD	Stanley Faibisy	708 W Oak Dail Ave	Deland FL 32720
FOD	Jack Zakresky	P.O. Box 485	Paisley FL 32767
D	Holger Rust	1274 Hickory Lane	Deland FL 32720

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: Thomas Gibbons Thomas Gibbons 12/20/00 904 738-0848

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

N95000004352

Deland Amvets Post 13, Inc.
Thomas Gibbons
1st Vice Commander
639 West May Street
Deland, Florida 3720

December 14, 2000

Florida Department of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

RE: Annual Report
No. N95000004352

Dear Sir:

Please be advised that for some unknown reason we have not received our Annual Report form for the year 2000. We respectfully request that the late fees be waived and are enclosing a completed reinstatement form together with a check in the amount of $61.25

Please forward any applicable information to:

Charles E. Osborne, Jr.
1011 Gerona Avenue
Deltona, Florida 32725

Thank you for your consideration of this request.

Sincerely,

Thomas Gibbons
1st Vice Commander/
Director/
Registered Agent

Enc.
Tg/hmo