

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2001
APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N98000001759**

1. Corporation Name

**ALLIED VETERANS OF THE WORLD, INC: & AFFILIATES
POST NO. 5 AUXILIARY INC.**

Principal Place of Business

Mailing Address

2015 N KINGS RD
HILLIARD FL 32046
US

2015 N KINGS RD
HILLIARD FL 32046
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

03/25/1998

5. FEI Number

59-3478011

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status



04/05/01 90089 033 \$70

FILED
01 NOV 16 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PF VT	GILLESPIE, DANA LEWEY, LINDA	1000 EASTWOOD RD, APT E2 541522 U.S. HWY #1	HILLIARD FL 32046 HILLIARD, FL 32046
VF PT	HUGHES, RUBY	12024 CANDLEWICK LANE	JACKSONVILLE FL 32225
ST	DONOVAN, LINDA	8604 GREY OAK DR GRAYBAR	JACKSONVILLE FL 32221

8. Name and Address of Current Registered Agent

GILLESPIE, DANA
1000 EASTWOOD RD
APT E2
HILLIARD FL 32046

9. Name and Address of New Registered Agent

Name: **WILLIAM J. FOREHAND**
Street Address (P.O. Box Number is Not Acceptable): **541522 U.S HWY 1**
Suite, Apt. #, Etc.:
City: **HILLIARD** State: **FL** Zip Code: **32046**

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

[Handwritten Signature]
REGISTERED AGENT MUST SIGN

Date: **10-25-01**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-25-01

Date

404-845-4871

Daytime Phone #

CR2040 (8/01)