

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000001759

1. Corporation Name

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

2. Principal Office Address

541530 US Hwy 1

Suite, Apt. #, etc.

3. Mailing Office Address

541530 US Hwy 1

Suite, Apt. #, etc.

City & State

HILLIARD, FL

Zip

Country

32046 US

City & State

HILLIARD, FL

Zip

Country

32046 US

4. "Date Incorporated or Qualified"

To Do Business in Florida 3-25-1998

5. FEI Number

59-3478011

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

FOREMAN, WILLIAM

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

541530 US HWY #1

Suite, Apt. #, Etc.

City

HILLIARD, FL

State
FL

Zip Code
32046

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

05-06-04

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
VT	LEWEY, LINDA	541530 U.S. HWY. #1	HILLIARD, FL 32046
VT	HUGES, RUBY	12024 CANDLEWICK LN	JACKSONVILLE, FL 32225
ST	LOUN, DORIS	8604 GRAYBAR DR.	JACKSONVILLE, FL 32210

[Handwritten Signature]
5-11-04

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ruby Hughes

Date

05-06-04

Daytime Phone #

FILED
04 MAY 11 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00003608120
05/11/04--01095--007 #122.50

CR2E081 (01/04)

To Whom it MAY Concern,

ALLIED VETERANS of The World
Post #5 & AUXILIARY DID
NOT RECEIVE OUR RENEWAL FORMS
FOR OUR CORPORATIONS, PLEASE
ASSIST US IN THIS PROCESS.

Sincerely

Wm R. [Signature]

Thanks