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 CORPORATION

01 MAY -2 PM 2:58

DOCUMENT # N98000005476

1. Corporation Name
Gene Daniel "Choppie" James Post #4741 Veterans of Foreign Wars of The United States, INC. W01C00009271

2. Principal Office Address
6428 Howe Dr
Jax, FL 32208
Suite, Apt. #, etc.

City & State
Jax, FL
Zip 32208   Country Duval

3. Mailing Office Address
6523 Hugh Ct
Suite, Apt. #, etc.
6

City & State
Jax, FL
Zip 32210   Country Duval

REINSTATEMENT 99-01

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
59-3269944 | Applied For | Not Applicable

6. CERTIFICATE OF STATUS DESIRED X $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Otis E Kent
Street Address (P.O. Box Number is Not Acceptable)
6523 Hugh Ct
Suite, Apt. #, Etc.

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-05/15/01--01032--016
****367.50 ****367.50

City
Jacksonville,
State FL   Zip Code 32210

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 _____ Otis E Kent _____
REGISTERED AGENT MUST SIGN

Date 4-9-01

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
D	CLARENCE M. WALKER	6428 HOWE DR.	JACKSONVILLE, FL. 32208
D	LEON JOHNSON	2800 S. UNIVERSITY BLVD #175	JACKSONVILLE, FL. 32216
D	OTIS E. KENT	6523 HUGH CT.	JACKSONVILLE, FL. 32210

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: Clarence M. Walker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 9, 2001   (904) 766-1567
Date   Daytime Phone #