PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 MAR 15 PM 1:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N99000000095

1. Corporation Name

American Legion of Southwest FloridaPost Post 90, Inc.

2. Principal Office Address	**3.** Mailing Office Address
PO Box 100395	SAME
Suite, Apt. #, etc. ~~Unit 120~~	Suite, Apt. #, etc.
City & State Cape Coral, FL 3390	City & State
Zip 33904 / Country USA	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida 1/7/99

5. FEI Number — XX 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: Lawrence Mott

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****297.50 ****297.50

Street Address (P.O. Box Number is Not Acceptable): 5303 Cobalt Ct.

REINSTATEMENT 1000 pd

Suite, Apt. #, Etc.

City: Cape Coral | State: FL | Zip Code: 33904

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 X R. E. Mott Date 3/9/01
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
CD	Joseph Markowski	4720 SE 15th Ave. Unit 120	Cape Coral, FL 33904
VCD	John W. Stephens	4720 SE 15th Ave., Unit	120 Cape Coral,FL 33904
2nd VCD	Martin Direz	4720 SE 15th Ave., 120	Cape Coral, FL 33904
FOD	Lawrence E. Mott	4720 SE 15th Ave. #120	Cape Coral, FL 33904

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: X R. E. Mott FOD 3/9/01 941542-2239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
L. E. Mott