

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 CORPORATIONS

01 MAY -2 PM 2:58

DOCUMENT # **198000005476**

1. Corporation Name
**General Daniel "Choppie" James Post #4741
VETERANS OF FOREIGN WARS OF THE
UNITED STATES, INC. W0100009271**

2. Principal Office Address
**6428 HOWE DR
JAX, FL 32208**
Suite, Apt. #, etc.

3. Mailing Office Address
6523 HUGH CT
Suite, Apt. #, etc.

City & State
JAX, FL
Zip

City & State
JAX, FL
Zip

Country
DUVAL

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 ☒ \$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.

200004217862-2
05/15/01--01092--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

Date **4-9-01**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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
DIRECTOR	CLARENCE M. WALKER	6428 HOWE DR	JACKSONVILLE, FL 32208
DIRECTOR	LEON JOHNSON	2800 S. UNIVERSITY BLVD #175	JACKSONVILLE, FL 32216
DIRECTOR	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 #

CR2E081 (9/00)