

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 10 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N98000005476*

1. Corporation Name

*GENERAL DANIEL (CHAPPIE) JAMES Post No. 4761,
VETERANS OF FOREIGN WARS OF THE UNITED
STATES, INC.*

2. Principal Office Address - No P.O. Box #

5070 W. 12TH STREET

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

Zip

32254

Country

U.S.

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/5/1991

5. FEI Number

59-3269944

Applied For

Not Applicable

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

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

7. Name and Address of Current Registered Agent

Name

ARTHUR E. LEE

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

415 WEST 17TH STREET

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32206

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

6 March 2009

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
<i>CDR</i>	<i>ARDEN D. BATTLE</i>	<i>9398 CUMBERLAND ISLE DRIVE</i>	<i>JACKSONVILLE, FL 32257</i>
<i>SR VICE CDR</i>	<i>BERNARD S. REED, SR</i>	<i>1611 W. 21TH STREET</i>	<i>JACKSONVILLE, FL 32209</i>
<i>JR VICE CDR</i>	<i>HAROLD M. BALDWIN</i>	<i>3079 MELL COURT</i>	<i>JACKSONVILLE, FL 32254</i>
<i>QUARTER MASTER</i>	<i>ARTHUR E. LEE</i>	<i>415 W. 17TH STREET</i>	<i>JACKSONVILLE, FL 32206</i>
		<i>[Signature]</i>	

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 contained in Chapter 119, 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]

ARTHUR E. LEE

6 March 09

(904) 536-6747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #