

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLE

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02403

1. Corporation Name

The Society of Colonial Wars
in the State of Florida

2. Principal Office Address - No P.O. Box #
c/o Holyfield & Thomas

3. Mailing Office Address

Suite, Apt. #, etc.

1601 Forum Place, Ste 801

Suite, Apt. #, etc.

Post Office Box 3097

City & State

West Palm Beach, Florida

City & State

Palm Beach, Florida

Zip

33401-8106

Country

USA

Zip

33480

Country

USA

7. Name and Address of Current Registered Agent

Name

Ward, James

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

780 Watermill Drive

Suite, Apt. #, Etc.

City

Merritt Island

State

FL

Zip Code

32952

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

James Ward
REGISTERED AGENT MUST SIGN

Date 4/6/2010

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
G	Ward, James	780 Watermill Drive	Merritt Island, FL 32952
DG/S	Knowles, II, Peter	248 Sanford Avenue	Palm Beach, Florida 33480
T	Searcy, Jr, Tunstall	200 North Ocean Blvd, 4N	Delray Beach, FL 33483

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify 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:

James Ward

James Ward

4/6/2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 APR -6 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900174853939

04/07/10--01029--005 **1417.50

REINSTATEMENT

88-10

900174853939

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4. Date Incorporated or Qualified
To Do Business in Florida

11/2/1949

5. FEI Number

592290058

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.