

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703705

1. Corporation Name

West Palm Beach Post No 199 American Legion

2. Principal Office Address - No P.O. Box #
1020 11th Street

Suite, Apt. #, etc.

City & State

West Palm Beach

Zip

33401

Country

Palm Beach

3. Mailing Office Address
P.O. Box 8278

Suite, Apt. #, etc.

City & State

West Palm Beach

Zip

33407-0278

Country

Palm Beach

7. Name and Address of Current Registered Agent

Name
Edward Andrews

Street Address (P.O. Box Number is Not Acceptable)
2064 Pinehurst Drive

Suite, Apt. #, Etc.

City
West Palm Beach

State
FL

Zip Code
33407

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

Edward Andrews

REGISTERED AGENT MUST SIGN

Date 24 APRIL 09

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
Comm	Frank Reese	1431 13th Street	West Palm Beach, FL 33401
VP	Eugene Bess	4620 Appaloosa Street	West Palm Beach, FL 33417
Treas	James M Carman	2839 Irma Lake Drive	West Palm Beach, FL 33411
Adjunt	Lionel Weston	436 Baker Street	West Palm Beach, FL 33409
Sgt-at	Levi Trice	320 W. 27th Street	Riviera Beach, FL 33404

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:

Frank Reese

Frank Reese

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-24-09

Date

Daytime Phone #

FILED

09 APR 27 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500144516405
02/26/09--01029--019 **542.50

2/26/09 01029 019 542.50

REINSTATEMENT 04-09

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
596476271

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.

11/28