PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 NOV 17 AM 8:00

DOCUMENT # 704494

1. Corporation Name

SANIBEL-CAPTIVA AMERICAN LEGION POST #123, INC.

Principal Place of Business	Mailing Address
4249 SANIBEL-CAPTIVA RD PO BOX 66 SANIBEL FL 33957	4249 SANIBEL-CAPTIVA RD PO BOX 66 SANIBEL FL 33957

REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc. 1633 PERIWINKLE WAY
City & State	City & State SANIBEL, FL
Zip / Country	Zip 33957 / Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/05/1962

5. FEI Number: 59-6153384 ☐ Applied For ☐ Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
COMM	~~DICKERSON, JOHN~~ DAVID GODFREY	1704 SAND PEBBLEWAY 15471 RIVER BY RD.	~~SANIBEL FL 33957~~ FORT MYERS FL 33908
VPD	~~IRVING, TIMOTHY~~ JAMES MURPHY	~~2426 LOS COLONY RD~~ 663 MERIDIAN DR.	SANIBEL FL 33957
D	STACY, DONALD E	9231 DIMMEK DR	SANIBEL FL 33957
D	~~HERMAN, ROBERT~~ JOHN DICKERSEN	~~RABBIT ROAD~~ 1704 SAND PEBBLE WAY	SANIBEL FL 33957

600024726805
11/17/03--01012--025 **236.25

8. Name and Address of Current Registered Agent

MURTY, TIMOTHY J
1633 PERIWINKLE WAY
SUITE A
SANIBEL FL 33957

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

CR2E040 (7/03)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: [signature] Date 10-10-03
REGISTERED AGENT MUST SIGN

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 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: [signature] DONALD E. STACY 11/11/03 472-9979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #