

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPORATIO	N
REINSTATEME	NŤ



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

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Corporation Name

Suite, Apt. #, etc.

Robert LEak AGER Post No. 1966,

Veterans of Foren the United States	ign Wars of s, Inc.	5/2
2. Principal Office Address	3. Mailing Office Address	コンド
350 SW 25 STREET	350 8W 25 STREET	IREM

	3. Mailing Office Address			
Т	350	sω	25	STREET
	Suite, Apt	. #, etc.		. 1

City & State

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SECRETARY OF STATE TALLAHASSEE FLORIDA

5/20	97	9759	042961. NT 97-00	25
REIN	STA	TEME	NT 97-00	B .

4. Date Incorporated or Qualified To Do Business in Florida	1963
5. FEI Number	Applied For
59-1006189	Not Applicable
6. \$8.75 Ad	Iditional Fee required

CERTIFICATE OF STATUS DESIRED	for a Certificate	
d Agent		

313	BL -3 -FT .	22312	U.S.A.	OEITH IOMIC GI	01/1/00/01/01/12/	for a Certificate	of Stat
		7. Name ar	nd Address of Current Regis	tered Agent			
	PASQUAL Street Address (P.O. Box Number is 1425 SW 19	J. OLIVIET Not Acceptable) STREET	ટા	700	000337 -08/30/00-	ァイ1 アー -0106300	1
and on the	Suite, Apt. #, Etc.	310001	,	aprilioner a	****358.7	5. ****358	
	Fort Lauderdo	ale			State Zip Code FL 33315	-1962	
eing ar	ppointed the registered agent of the a	boye-named corporation, a	am familiar with and accept the	e obligations of section (607.0505 or 617.0503	, F.S.	

B. I, being appointed the registered agent of the above mayned corporation, am familiar with and accept the obli	ligations of section 607.0505 or 617.0503, F.S.
Signature of Registered Agent Wood Course	Date \$ 8 /1 /00
REGISTERED AGENT MUST SIGN	

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

1			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Command	GEORGE MCCOTTON, JR	4311 SW 11 STREET	PLANTATION FL 33317-4519
SR. VICE.	James Latourrette	1416 SW 15 TERRACE.	Fort Lauderdale, FL 33312.3311
JR VICE	bawrencz R. Gaserude	1205 NW 2 Avenue	Fort Landordale Al 38311-6021
PUAETER MASTER	PASquale J. Olivieri	1425 SW 19 STREET	Fort Landerdale FL 33315-1962
5489000	DEddie R. Carlo	1619 SW &S STREET	Fortlandordale, FL 33315-2210
Advocate	John W. Butcher, JR	2308 SW 83 Avenue	DAVE, FL 33324.5321

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: X SIGNATURE AND THE OR PRI	E My Commen
SIGNATURE AND TYPED OR PRI	NTED NAME OF SIGNING OFFICER CHOINE COOK

Daytime Phone #